



GROWING WITH THE YEARS

301.158
N567g
C.2

NEW YORK STATE JOINT LEGISLATIVE COMMITTEE
ON PROBLEMS OF THE AGING

**NEW YORK STATE JOINT LEGISLATIVE COMMITTEE
ON AGING**

Senator Thomas C. Desmond,

Assemblyman Harry J. Tift, Vice-Chairman **Senator Francis J. Mahoney**

Assemblyman Bernard Austin, Secretary **Senator Francis J. Mahoney**

Senator S. Wentworth Horton **Assemblyman Hyman E. Minsky**

Assemblyman Hyman E. Minsky

Ex-Officio Members

SENATOR WALTER J. MAHONEY, President Pro Tem of the Senate; SENATOR FRANCIS J. MAHONEY, Minority Leader of the Assembly; SENATOR LEE B. MAILLER, Majority Leader of the Assembly; ASSEMBLYMAN BERNARD AUSTIN, Chairman of the Committee on Finance; and ASSEMBLYMAN WILLIAM H. MACKENZIE, Chairman of the Committee on Ways and Means.

Committee Staff

ALBERT J. ABRAMS

Director

JOHN A. RUSKOWSKI

Associate Director

Consultant: George A. Yaeger; **Office Staff:** Helen Ernest, William M. Scheidler, Pauline T. Strickland, Edna Weidkam, and Elaine W. Macri.

General Advisers

Miss Gladys Fisher, formerly Director of Old Age Assistance, New York State Social Welfare Department; Miss Alice M. Loomis, formerly Community Consultant on Services for the Aged, Rochester Council of Social Agencies; Miss Ollie A. Randall, Consultant on Services for the Aged, Community Service Society of New York.

Advisory Committee on Longevity

Dr. C. Ward Crampton, Chairman, Sub-Committee on Geriatrics, Medical Society of New York County; Dr. Louis I. Dublin, formerly Second Vice-President and Statistician, Metropolitan Life Insurance Company; Dr. Edward J. Stieglitz, Chief of Staff of Suburban Hospital, Bethesda, Maryland; Dr. Clive M. McCay, School of Nutrition, Cornell University; and Dr. George Lawton, Consulting Psychologist on Adjustment Problems of the Older Person.

Advisory Committee on Employment Problems of the Elderly

Mr. Harold J. Garno, Secretary, New York State Congress of Industrial Organizations; Mr. Harold C. Hanover, Secretary, New York State Federation of Labor; Col. Allan M. Pope, President of the Commerce and Industry Association of New York; Dr. Theodore G. Klumpp, President, Winthrop Chemical Company; Mr. P. C. Wolz, Assistant Superintendent, Industrial Relations, Eastman Kodak Company, Rochester; and Mr. Solomon Barkin, Research Director, United Textile Workers Union of America.

Advisory Committee on Recreation for the Elderly

Miss Sara M. McCauley, Executive Director, Colony House, Inc., Brooklyn; Mr. Harry Levine, Administrator, Special Services for the Aged, New York City Welfare Department; Miss Marion G. Mulligan, Supervisor, Homes for the Aged, Catholic Charities of the Archdiocese of New York; Mrs. Charles A. Riegelman, President of the William Hodson Community Center, New York City; and Mr. Clyde E. Murray, Executive Director, Manhattanville Neighborhood Center, New York City.

LEGISLATIVE DOCUMENT (1954)

NO. 32

The color plates used on the cover of this report were loaned to us free of charge by Today's Health Magazine, a publication of the American Medical Association.

**UNIVERSITY
OF FLORIDA
LIBRARIES**



INTRODUCTION



The Gnarled Old Tree

By Thomas C. Desmond

*Chairman, New York State Joint Legislative Committee
on Problems of the Aging*

“OLD” in our culture is an epithet. And old age is too often an affliction, a penalty for survival, a yoke attached by the young and immature.

It need not be.

There is a gnarled old apple tree along a walk I take on many a day. Its trunk severed at shoulder height, a black stump shows where the lightning struck. Field mice and rabbits have munched on its bark. A few limbs hang sadly from the remains of the trunk. The tree is more dead than alive.

And yet each spring this old tree sends out on what limbs remain cheerful pink blossoms. And each fall, on what branches still stand you will find the richest, juiciest apples in the county.

Such exquisite courage! Such determination!

Here to me is symbolized the capacity of our old folks, even though they may be beaten by life's misfortunes, to still send forth pink blossoms of cheer and service to their families and friends. Here is expressed the inherent strength and fortitude of the old, and above all that not until all life is wrung from man does he lose his inherent power of creativity.

Each of us has within him the power to send out new shoots of service or creativity regardless of our age or previous condition of debility or immaturity. And yet, in our culture, age in the marketplace of ideas and usefulness is rated at virtually a 100 per cent markdown. It need not be.

The monumental task of altering attitudes toward old age ranks No. 1 among the goals of our Committee. And it should rank as No. 1 objective of all groups and individuals who are working with

and for the aged. By involvement of opinion-makers, by research, by education, by use of all the available techniques for changing values, this goal must be attained.

In the hustle of the new drive to aid the aged, we naturally seek to meet immediate needs, a visiting committee here, a golden age club or day center there, a geriatric clinic perhaps, a 40-plus job seekers club or rehabilitation center, and many other urgently needed services. But we need at the same time, in our local committees and agencies, to ask ourselves the basic questions: What goals should we have for our aged? What values shall we seek in old age? What attitudes toward old age do we need to change?

Only then shall we be able to reach our No. 1 objective.

In this report, you will find some of the ablest minds both here and abroad contributing their findings and views on what can be done to improve the condition of our aged. The reader needs to ask himself as he studies the chapters that follow: Will the recommendations made meet desirable short-run and long-run goals for the aged? Will they help create a climate of opinion that will ease the plight of the aged? Will they help make the aged better able to reach their own personal goals?

Our task is clear. Until “old” is an honor and old age a reward, until old age at the very least receives for its contributions its due in recognition or return, until old age is accorded in our society at least the courtesy of equal opportunity, there is work to be done.

NEW YORK STATE JOINT LEGISLATIVE COMMITTEE ON PROBLEMS OF THE AGING

Senator Thomas C. Desmond, Chairman

Assemblyman Harry J. Tift, Vice-Chairman Senator Frank E. Van Lare

Assemblyman Bernard Austin, Secretary Senator Fred G. Moritt

Senator S. Wentworth Horton Assemblyman John E. Johnson

Assemblyman Hyman E. Mintz

Ex-Officio Members

SENATOR WALTER J. MAHONEY, *President Pro Tem of the Senate*; SPEAKER OSWALD D. HECK, *of the Assembly*; SENATOR FRANCIS J. MAHONEY, *Minority Leader of the Senate*; ASSEMBLYMAN LEE B. MAILLER, *Majority Leader of the Assembly*; ASSEMBLYMAN EUGENE F. BANNIGAN, *Minority Leader of the Assembly*; SENATOR AUSTIN W. ERWIN, *Chairman of the Senate Committee on Finance*; and ASSEMBLYMAN WILLIAM H. MACKENZIE, *Chairman of the Assembly Committee on Ways and Means*.

Committee Staff

ALBERT J. ABRAMS

Director

JOHN A. RUSKOWSKI

Associate Director

Consultant: George A. Yaeger; **Office Staff:** Helen Ernest, William M. Scheidler, Pauline T. Strickland, Edna Weidkam, and Elaine W. Macri.

General Advisers

Miss Gladys Fisher, formerly Director of Old Age Assistance, New York State Social Welfare Department; Miss Alice M. Loomis, formerly Community Consultant on Services for the Aged, Rochester Council of Social Agencies; Miss Ollie A. Randall, Consultant on Services for the Aged, Community Service Society of New York.

Advisory Committee on Longevity

Dr. C. Ward Crampton, Chairman, Sub-Committee on Geriatrics, Medical Society of New York County; Dr. Louis J. Dublin, formerly Second Vice-President and Statistician, Metropolitan Life Insurance Company; Dr. Edward J. Stieglitz, Chief of Staff of Suburban Hospital, Bethesda, Maryland; Dr. Clive M. McCay, School of Nutrition, Cornell University; and Dr. George Lawton, Consulting Psychologist on Adjustment Problems of the Older Person.

Advisory Committee on Employment Problems of the Elderly

Mr. Harold J. Garno, Secretary, New York State Congress of Industrial Organizations; Mr. Harold C. Hanover, Secretary, New York State Federation of Labor; Col. Allan M. Pope, President of the Commerce and Industry Association of New York; Dr. Theodore G. Klumpp, President, Winthrop Chemical Company; Mr. P. C. Wolz, Assistant Superintendent, Industrial Relations, Eastman Kodak Company, Rochester; and Mr. Solomon Barkin, Research Director, United Textile Workers Union of America.

Advisory Committee on Recreation for the Elderly

Miss Sara M. McCaulley, Executive Director, Colony House, Inc., Brooklyn; Mr. Harry Levine, Administrator, Special Services for the Aged, New York City Welfare Department; Miss Marion G. Mulligan, Supervisor, Homes for the Aged, Catholic Charities of the Archdiocese of New York; Mrs. Charles A. Riegelman, President of the William Hodson Community Center, New York City; and Mr. Clyde E. Murray, Executive Director, Manhattanville Neighborhood Center, New York City.

INTRODUCTION



The Gnarled Old Tree

By Thomas C. Desmond

*Chairman, New York State Joint Legislative Committee
on Problems of the Aging*

“OLD” in our culture is an epithet. And old age is too often an affliction, a penalty for survival, a yoke attached by the young and immature.

It need not be.

There is a gnarled old apple tree along a walk I take on many a day. Its trunk severed at shoulder height, a black stump shows where the lightning struck. Field mice and rabbits have munched on its bark. A few limbs hang sadly from the remains of the trunk. The tree is more dead than alive.

And yet each spring this old tree sends out on what limbs remain cheerful pink blossoms. And each fall, on what branches still stand you will find the richest, juiciest apples in the county.

Such exquisite courage! Such determination!

Here to me is symbolized the capacity of our old folks, even though they may be beaten by life's misfortunes, to still send forth pink blossoms of cheer and service to their families and friends. Here is expressed the inherent strength and fortitude of the old, and above all that not until all life is wrung from man does he lose his inherent power of creativity.

Each of us has within him the power to send out new shoots of service or creativity regardless of our age or previous condition of debility or immaturity. And yet, in our culture, age in the marketplace of ideas and usefulness is rated at virtually a 100 per cent markdown. It need not be.

The monumental task of altering attitudes toward old age ranks No. 1 among the goals of our Committee. And it should rank as No. 1 objective of all groups and individuals who are working with


and for the aged. By involvement of opinion-makers, by research, by education, by use of all the available techniques for changing values, this goal must be attained.

In the hustle of the new drive to aid the aged, we naturally seek to meet immediate needs, a visiting committee here, a golden age club or day center there, a geriatric clinic perhaps, a 40-plus job seekers club or rehabilitation center, and many other urgently needed services. But we need at the same time, in our local committees and agencies, to ask ourselves the basic questions: What goals should we have for our aged? What values shall we seek in old age? What attitudes toward old age do we need to change?

Only then shall we be able to reach our No. 1 objective.

In this report, you will find some of the ablest minds both here and abroad contributing their findings and views on what can be done to improve the condition of our aged. The reader needs to ask himself as he studies the chapters that follow: Will the recommendations made meet desirable short-run and long-run goals for the aged? Will they help create a climate of opinion that will ease the plight of the aged? Will they help make the aged better able to reach their own personal goals?

Our task is clear. Until “old” is an honor and old age a reward, until old age at the very least receives for its contributions its due in recognition or return, until old age is accorded in our society at least the courtesy of equal opportunity, there is work to be done.



Digitized by the Internet Archive
in 2011 with funding from
LYRASIS Members and Sloan Foundation

TABLE OF CONTENTS

	PAGE
Introduction by Senator Thomas C. Desmond.....	1
Committee Findings and Recommendations.....	4
Understanding Our Older Persons by Dr. Edward B. Allen.....	43
Stresses That Attack Older Persons by Dr. Jeanne G. Gilbert.....	47
Personality Patterns of Old Age by Dr. Samuel B. Kutash.....	51
Attacking Prejudices Against the Aged by Dr. Milton L. Barron.....	56
Attitudes of Junior and Senior High School Students by Lorge, Tuckman and Abrams	59
Young is a Circumstance by Frank Lloyd Wright.....	62
Reflections at 80 by Lord Bertram Russell.....	63
Reflections on the Old Age Problem by Dr. A. L. Vischer.....	66
The Migration of the Aged by Dr. T. Lynn Smith.....	69 ✓
The Older Person in the Modern Family Structure by Miss Ollie A. Randall.....	81
Health and Welfare Services for the Aged by Senator Thomas C. Desmond.....	85
Private Enterprise and the Older Worker by G. Warfield Hobbs.....	89
Employment Potentialities in Age, and Means for their Possible Increase by Dr. Sidney L. Pressey.....	92
An Employer Views The Older Worker by Dwight S. Sargent.....	95
Job Engineering and Job Re-assignment for the Older Worker in American Industry by Albert J. Abrams.....	99 ✓
Retirement and Scientific Progress by Dr. Benjamin M. Duggar.....	108 ✓
Medicine and the Older Patient by Dr. Edward L. Bortz.....	110
Financing Medical Care in the Later Years of Life by Dr. Ernst P. Boas.....	117
Helping Older Persons with Their Nutritional Problems by Rosalind C. Lifquist....	121
Housing Our Aged by Dr. C-E. A. Winslow.....	124 ✓
Lifting Standards in Nursing Homes Through Education by Dr. Philip Taietz.....	126
Education for Senior Citizens in New York City by Mark A. McCloskey.....	128
Education For the Years of Retirement by Dr. William H. Kilpatrick.....	131 ✓
Exercises for Senior Citizens by Miss Ruth Doing.....	133
Trends in Old Age Assistance in New York City by Miss V. Charlotte Authier.....	135
Trends in Social Security for the Aged in New York State by Joseph B. O'Connor....	139
New State Aid Formula and Programs for the Aged by Peter Kasius.....	142
Appendices:	
A. Public Hearing in Rochester.....	144
B: Public Hearing in Watertown.....	154
Index	156

Our Findings and Recommendations

To the Governor and Legislature:

THIS is a report of the achievements, aspirations, problems and fears of one of the most rapidly growing segments of our population: our aged.

This is a report of the problems that the phenomenon of having tremendous numbers of aged living in our midst have developed for our culture.

This is a report of what our goals have been in the development of a comprehensive program for the aged and how far the State has gone in achieving these goals.

We are happy to report that the aged in our country are:

1. Steadily achieving recognition in our country, an important ingredient in advancing their interests and in promoting a sense of worth.
2. Steadily increasing the floor of social security protection for their old age.
3. Steadily mobilizing themselves in local communities to search out together new opportunities for happiness, usefulness, achievement.
4. Steadily making inroads into the loneliness of later life.
5. Steadily receiving an increasingly better quality of medical treatment and institutional care.

Progress however is not being made with dramatic suddenness, but with slow, steady gains piled up by locality and neighborhood, by hard work by private agencies, by devoted service of public officials, by the awakening of the aged themselves to their own potentials.

Our Aging Population

The salient, dramatic figures on our aging population may be summarized as follows:

- ... Since 1940, the people 65 and over have increased by nearly 50% in the U.S.A., and now total about 13,500,000.

... While the entire population of New York State increased 10% between 1940 and 1950, our 65-and-over age group increased 39.3%.

... The number in the 65-and-over bracket has quadrupled since 1900.

... The number of persons 45-and-over in New York State has swept upward from 2,015,489 in 1930, to about 5,000,000 in 1952, or about 1 in every 3.

TABLE I
Population of New York State by Age
1940-1950

Age	(in millions)		% inc. 1940-50
	1950	1940	
Under 10	2.4	1.7	44.0
10-24	2.9	3.3	-11.5
25-44	4.7	4.5	5.0
45-64	3.5	3.0	16.2
65-69 .....	.5	.4	25.0
70-74 .....	.4	.3	33.3
75-84 .....	.3	.2	50.0
Over 85 .....	.06	.03	100.0
65 and over.....	1.3	.9	39.3

As recorded in "Enriching the Years," probably one of the most startling facts spotlighted by recent population is the tremendous increase in aged women.

We find:

1. The increase in women 65 and over in New York State between 1940 and 1950 was 53%. Males in the same age bracket increased during the same period 23.3%.
2. The increase in aged females in urban areas in that period was 63%, compared with a 40% increase of aged males in urban area.
3. The number of aged males was about the same as the number of aged females in 1940; today the elderly women outnumber elderly men 7-5.

There are more aged in New York State than there are people of all age brackets in each of 14 of our less populous states.



Our Committee wishes to emphasize that it is unsound as a basis for determining social and economy policy to lump all persons 65 and over in one category.

Our Committee has found at least three distinct age phases in the 65-plus grouping:

1. 65-70 age group

A majority of the males are still working, many of the males and females are still active, physically and mentally vigorous.

2. 70-75 age group

Largely nonworking, ease off in activity generally, but still are active.

3. 75-and-over group

The "old folks" of modern times, although many individuals in this bracket are still active, serving on boards of various types, etc., in their 80s.

How Far Has the State Gone to Achieve the Blue-Print

In our 1950 report, we presented a Blue-Print of the New York State Plan for the Aging. Today it is timely that we appraise how far the State has gone toward putting this blue-print into operation.

Elements of the Blue-Print

1. Set-aside of apartments for the aged in public housing projects.
2. State loans for non-profit old age homes, nursing homes, infirmaries, and other facilities for the aged.
3. Research for housing needs of elderly.
4. State aid for adult education for oldsters.
5. State aid for recreation centers for the aged.

State Action

1. State Housing Commissioner has issued regulation requiring set-aside of at least 5% of apartments in the State-aided housing for the aged.
2. A bill to carry this into effect has been introduced repeatedly in the Legislature, and has considerable support. Its passage is linked with a bill to provide housing for middle-income group.
3. The Desmond Committee and the State Division of Housing have conducted various studies in this field, but a great many more studies are needed.
4. A great deal has been accomplished in this area, with courses set up in pre-retirement counselling, in hobbies and crafts, etc.
5. With added experience, there has been some doubt as to whether or not State-aid is needed in this area, as localities have gone forward on their own to set up day centers, Golden Age clubs, senior citizen groups.



Elements of the Blue Print	State Action	Elements of the Blue Print	State Action
6. Retraining of older workers for new jobs.	6. As a result of the success of a private agency in the field of retraining, the State Adult Education Bureau is encouraging schools and employment service officials to provide retraining classes for older persons seeking to brush up old skills.	12. Development of safety program for the aged.	12. Very little has been accomplished in this field by public agencies.
7. Vocational rehabilitation of the aged.	7. Services of vocational rehabilitation to the aged are slowly increasing, but basically are held back by Federal regulations which bar such services to those not deemed employable.	13. Specialized counselling and placement of older workers.	13. Considerable progress has been made in this State in educating placement workers as to how to place the 40-plus workers, and in some offices specialized counselling and placement is in effect. A great deal more needs to be accomplished in this area.
8. Revamp school curricula for better appreciation of aged.	8. Studies of stereotypes about old age among school children have been made, and the State Education Department has promised to explore possibility of developing a lesson plan suitable for inclusion in school curricula.	14. Aid to oldsters seeking self-employment.	14. The State Commerce Department's woman's program serving both men and women has done an exceptional job of helping middle-aged and older persons to find income from self-employment, in the handcraft and home-craft fields.
9. Supervise old age homes, nursing homes, infirmaries.	9. Some progress has been made in this field. Nursing and boarding homes now come under certification by the State Social Welfare Department, which has a staff that is educating proprietors to elevate their standards. Infirmaries have upgraded the quality of their services to qualify for financial assistance. The department supported a nursing home institute at Cornell this past year.	15. Stimulate home-work of the elderly.	15. Home-work opportunities are declining, not expanding. The past abuses in this field, and current fears that home-work will cut into union standards have curtailed this field. Nonetheless for many aged, and home-bound and bed-bound, home-work offers the only possibly for income.
10. Supervise adequate old age assistance grants.	10. Some improvements have been made in this field, although old age grants are still far from providing a decent standard of living for our old folks. New York grants and its medical care system are generally superior to most states.	16. Encouragement of non-profit sheltered workshops.	16. The State has not yet given any encouragement to non-profit sheltered workshops; those that have been set up in recent years have been organized by private agencies.
11. Improve casework techniques with the elderly, and operate Oxford Old Age Home as Demonstration Center.	11. There has been a beginning of education of social workers through conferences, institutes, etc., so that some of the pessimism has been erased. Nonetheless a great deal yet needs to be accomplished. It is doubtful that Oxford can be used as a demonstration center.	17. End age barriers to State and local employment; establish pre-retirement counselling for public employees.	17. The State has moved by law to permit retired public employees to take part-time government posts, and its policy in hiring is generally more liberal insofar as the aged are concerned than is industry. However, keeping middle-age and elderly employees on temporary basis for years frequently leaves them without protection. And the State has not yet set up a system for counselling its older workers in retirement problems.
		18. Expansion of cancer and tumor clinics.	18. Steady progress has been made in this area.

Elements of the Blue Print

State Action

- | | |
|--|--|
| 19. Establishment of physical rehabilitation program. | 19. The State Interdepartmental Health Committee is studying this problem at the present time. |
| 20. Create a bureau of adult hygiene and geriatrics. | 20. The State Health Department has an informal team of doctors familiar with the fields of geriatrics and chronic illness who advise in these areas, but no formal bureau has been set up. Recently a new appointment was made which will enable the department to expand its work in this field. |
| 21. Provide for multiphasic screening of the older population. | 21. Such screening has been conducted in various places, mainly clinics. But no wide-scale screening has been done, due to objections raised by some medical groups. It is believed that such objections will be overcome in the future. |
| 22. Geriatric laboratory and hospital. | 22. The Buffalo Chronic Disease Institute set up by the State Health Department, while not a geriatric institute per se, is working in many fields affecting geriatrics, and is expecting to continue. |
| 23. Research on senile psychotics and arteriosclerosis of the brain. | 23. As indicated elsewhere in this report, research is being initiated in these fields. The Syracuse epidemiological study on relationship of environment to mental ailments was initiated. |
| 24. Psychiatric services in hospitals. | 24. This type of service has been launched in a few hospitals, and the new State-wide program will permit in-patient psychiatric services for short-term treatment or observation in general hospitals. |
| 25. Adult hygiene clinics. | 25. The new 1954 State-aid program for local mental hygiene programs contemplates provision of psychiatric clinics for persons of all ages. |
| 26. Adult mental hygiene education program. | 26. A program of community health activities is proposed in the new State-aid program for mental hygiene, and we assume a large part of the focus of such an educational program will be geared to mental hygiene in later life. |

Thus in many basic fields, the State blue-print chartered by our Committee is off the drawing boards, and is in the process of being realized.

Nonetheless, as might be expected in any such broad socio-economic venture, developments have not progressed at the same pace, some have leaped ahead of others, others have lagged, and some still remain to be translated into reality.

Overall however, it must be stated that rarely has progress been made so swiftly in such a short space of time in such a complex, diverse area of man's relations with man.

Our Committee believes that in the years that lie ahead State and local agencies, public and private groups, should place special emphasis on:

1. Establishment of placement and counselling services for the 40-plus worker in every employment service office.
2. Provision of adequate facilities for the chronically ill, as charted by the various agencies responsible for developing such a program.
3. An integrated health program directed at further improving the vigor of our middle-age and elderly and preventing degenerative diseases through use of existing knowledge of nutrition, expanded health education for the middle and later years, and establishment of disease detection centers throughout the State.

These three programs rate top priority as the blue-print continues to be translated into better health, more job opportunities, and greater status for our aged. For it is in these three areas that there is the greatest lag between need and services, between know-how and its application.

Age Respect

In a significant report to our Committee, Dr. A. L. Vischer, of Switzerland, one of the world's renowned geriatricians, emphasizes that there are pitfalls in determining policy for the aged based on biological studies of animals and on medical science influenced by this biology. He says while humans decline, they also show great variation not only among themselves but also from animals, that there is in the later years of life of humans a capacity for high intellectual attainment, preserved creative power, and a dignity peculiar to age. From many years of work with the aged he notes that while man has an "instinctive" love of a child a similar instinct inclining man towards the very old does not exist, and that even in the Ten Commandments a special

inducement is offered to "honor thy father and mother" in the form of prolongation of your life "that it may go well with thee in the land which the Lord thy God giveth thee." Respect of age is seen therefore not as a natural phenomenon, but one that is learned, the product of a culture in which the aged are useful, or in which there is some tangible return for age-respect.

The work of our Committee, when seen in the light of the points made by Dr. Vischer, is directed toward developing an environment in which age can be useful, in which respect for age is given because the contributions of the aged are respected.

When and How Does Prejudice Begin?

The culture-wide attitudes which tend to make our aged second-class citizens are at the heart of the many social-psychological-economic crises that afflict our elderly. In previous reports, we have attempted to pin-point such facets of this problem as are known.

During the past year, in cooperation with Drs. Jacob Tuckman and Irving Lorge, of Teachers College, Columbia University, our Committee has been attempting to find out at what age these stereotypes about the aged begin. In a paper presented in another part of his report, evidence is presented that by the time children are 12 or 13 they have already acquired the negative attitudes about aging found among adults. When and how these attitudes are transmitted to children, still remains a fundamental problem of gerontology. To pursue this question further, our Committee has already arranged to test children at the kindergarten level to determine whether they at their young years also have acquired, perhaps from parents, teachers or friends, prejudices against aged.

In varying cultures there tend to be varying attitudes toward the elderly. For example in central Europe, in Jewish communities,¹ there has been a feeling that it is the lesser of two evils for the aged to be supported by impersonal funds to which all contribute rather than to be dependent on their own children—even though the children plead for the privilege of supporting them. It is the feeling that the dignity of age can better endure the impersonal than the personal benefaction. Also, there was a rule of remarriage that stated no matter how old a person is when his wife or husband dies, he is not too old to marry. Life is seen as a path of

expanding gratification. In all areas, a person expects to be an active participant as long as he lives. An ancient rule said, "When the son gives to the father, both weep." However, a mother can far more easily accept help from children.

In Japan², individual life is conceived as an arc, going from a high in infancy, sinking lower and lower until shortly after marriage and then going upward until at age 61, the "license and indulgence of infancy is again recovered". On the 61st birthday, a ritual feast is held after which the woman is no longer subject to restraint or mockery, she does not have to do what is seemly, and as visible symbol of this emancipation, she is again allowed to wear red in her clothing, a color reserved usually for children. At 61, the male too "retires" or "abdicates", shifts all his responsibility onto the younger generation. This system, however, apparently is breaking down in the cities and especially so after the war. However, for the Japanese infancy and old age are equated as periods of indulgence, license and happiness.

We cite these reports of different attitudes toward the aged in varying parts of the world so that we may better analyze our own attitudes toward old age and aged and better understand the need for assessing our culture's own peculiar attitudes toward old age.

Hollywood Stereotypes and the Aged

Our Committee is convinced that stereotypes about the aged are being pounded into our culture by the youth-mania that possesses Hollywood.

The Hollywood approach to the life-cycle calls for a heroine of about 23, with a hero 25 to 30, while the villain's role must be played by a 40-plus actor. Apparently there are no heroes over 30 in the Hollywood concept. The constant association of villainy with age and desirability with youth tends to imbed in our society a viewpoint that helps shunt the aged out of business, family and community life.

The only roles Hollywood associates with later life are those of the irascible spinster, the garrulous grandpa, the Helen Hokinson-type grandma, the seedy, aged tramp and the meddling aunt. These roles express Hollywood's idea of later life.

When has Hollywood presented with understanding and feeling the true picture of our hard-working elderly, our sacrificing aged, our elderly as storehouses of know-how and maturity? When has Hollywood presented the later years as being rich in

¹ Life is with People, by Mark Zborowski and Elizabeth Herzog, International Universities Press Inc., N. Y. C., 1953.

² See Japanese Character Structure, by Geoffrey Gorer, Institute for Intercultural Studies, N. Y. C., 2nd ed., 1942.



At the Five Towns Golden Age Club in Nassau County, these members are finding companionship and new interest in life through the brush and oils.

new opportunities for learning and for contributing to society?

The obsession of Hollywood for upgrading youth and downgrading age is (a) hurting the chances of the 40-plus to obtain work, (b) deflating the values of maturity, (c) imbedding prejudices against the aged in our families and communities, and glorifying the dumb but super-beauty as the American ideal.

The movie-makers may argue that they are simply reflecting, not creating, current attitudes toward the aged. However, while there is some truth in that, Hollywood compounds the felony by exaggerating the defects of some of our aged and imbedding prejudices deeper than they otherwise would be.

Hollywood is the arch-foe of the Nation's senior citizens. While our Committee and others are striving to break down prejudices which hamper our aged, Hollywood continues to portray old age as a trap, a pit, a hopeless end instead of what can be a rich climax to a lifetime of living.

The Natural Association by Age

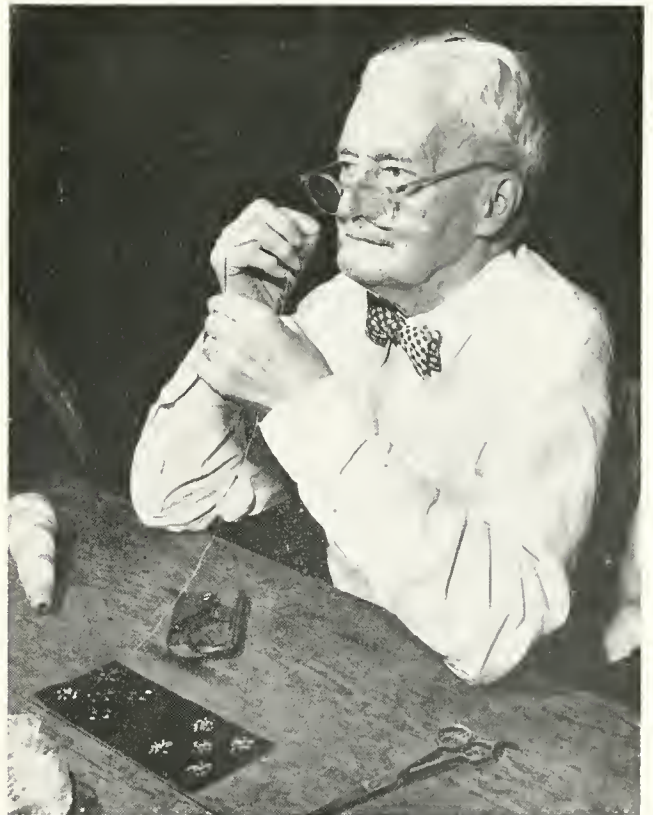
"But I don't want to mingle with a lot of fuddy-duddies my own age." We hear this comment at

times from senior citizens who rebel against joining Golden Age clubs. "I want to be around young people," they insist.

There can be no hard and fast rule about such matters. Old folks differ. Some like to associate at times with young folks because of the stimulating impact of new ideas, or the tolerant amusement they get from listening to impetuous youth, or because they feel it helps "keep young ourselves." Others, perpetual adolescents, have never really outgrown their youth or are fearfully attempting to cling to youthfulness by a pathetic attempt at imitating youth.

Still others, dislike associating with younger people, either because they are intolerant of immaturity or find greater value in more mature folks, or because they find greater sympathy or empathy among people of their own age, or do not want to see their own declining capacities so sharply outlined through the contrast.

The aged of many cultures group together. In primitive societies, the elderly customarily form a social or economic or authoritarian group. The old folks had a natural community of interests not be-



George F. Griffith, 84, retired from the investment business only two years, is a member of both the Oceanside and Rockville Centre golden age clubs.

cause of age, but because they had been subjected to similar environmental factors. They grew up together. They were subject to the same experiences during their lifetimes. They understood each other better in old age than perhaps earlier and better than youth could understand them.

Today we see the same natural grouping by age brackets in our factories. In a garment plant studied, there are cliques or social groupings based on **similarity of work** (cutters go with cutters; sleeve-girls associate with sleeve-girls). But within each work-clique there tends to be an age grouping. Older women tend to lunch with older women; teen-agers with teen-agers; young mothers with young mothers.

While there is some inter-relationship between the work-groups and the age-groups, there appears to be a natural gravitation of age to age, youth to youth, middle-age to middle-age.

While an older man will sometimes "adopt" a younger apprentice, breaking him in not only to his work but also to the in-plant clique of the older men, the old-timers tend to stay together. And young workers will sometimes resent intrusion of older persons into their own inner circle, just as older workers sometimes resent the intrusion of a young man.

This "age to age" phenomenon appears to be a natural expression of man's basic insecurity, longing for understanding. Empathy springs from similarity of experience and pressures.

A great deal of research is needed to determine whether our findings are valid within plants, clubs and other groupings, as a means of improving planning for the aged within our communities. Resistance of middle-aged to the aged in civic, fraternal, and other groups needs to be weighed.

Adult Education and Older Persons

For the middle-aged and older person, adult education fills many vacuums.

- ... It fills his lonely hours with absorbing study and new friends and social relationships.**
- ... It restores his confidence in himself as a human being, able to meet with others, able to grow, able to participate.**
- ... It expands his vistas, forces him to flex his mental arteries, and may help him work out a philosophy to sustain himself during his trials.**
- ... It may directly help him prepare for retirement, through special courses geared to that specific problem.**

... It may help him to develop hobbies to give the middle and later years new interests.

... It can aid him to turn hobbies into a welcome source of supplementary income.

... It can help him sharpen up rusted skills or develop new job skills so that he can obtain work.

... It can show him the way to obtain satisfaction from community service.

Adult education through the leadership of the New York State Education Department is doing an outstanding job in aiding our growing numbers of middle-aged and older persons to gain employment as well as income out of life.

The State Education Department's adult education program has helped local groups initiate community programs for the aged; stimulated businessmen, church leaders, union leaders, and others to an awareness of the problems of the aged; and generally has exercised outstanding leadership in this field.

This is no frill program. In any event, one man's "frill" may be another man's spiritual food.

This is no program that can be considered unessential in an age when more and more of us are being retired, when more and more widows are living longer and longer, when job opportunities for unskilled middle-aged and elderly are being narrowed.

This is a program that brings varied and numerous returns to communities that have tried it. Some of the older persons have learned new money-making skills, some have reported fewer ailments as a result of developing new interests, and for some the dread fear of lonely old age has gone.

In previous reports we have shown how school-houses are welcoming the older folks by the thousands.

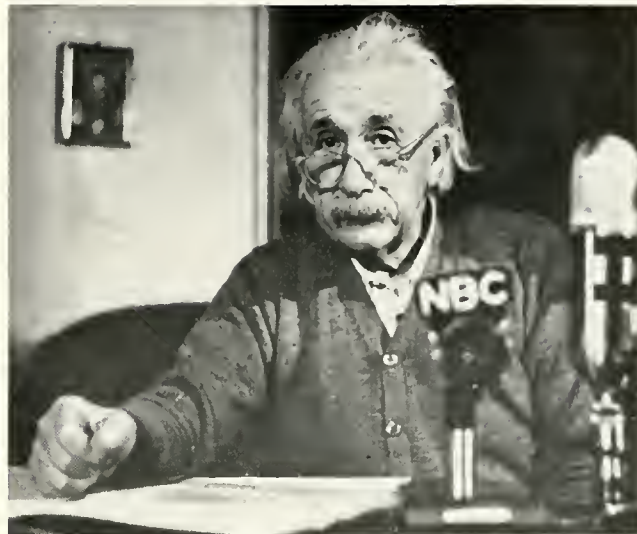
As a legislative committee we must ask: Is this program essential? Can our State afford to subsidize, through State-aid, as it does, a program of adult education geared to older persons? Cannot private schools provide the same services?

The results of our studies indicate:

- 1. The program meets basic needs of our aging population.** Through adult education our society can move forward to meet the challenges of an aging population with confidence. To curtail it, not to expand it, is to encourage a shriveling up of opportunities for our aged.
- 2. The program is a bulwark against frustrations of later life released in promotion of panaceas, or search for unattainable utopias, both capa-**

ble of wrecking our State's economic stability. Education is our strongest weapon against the promoters of despair. It strengthens our free enterprise system by helping the individual utilize to the fullest his inner capabilities, teaches him to make the most of his potential, aims toward making the older person more secure, more independent, better informed. He can see more clearly his own limitations without blaming his inadequacies on others, as well as seeing more clearly his own special abilities. Adult education aims toward better adjustment of the individual in our society, not maladjustment.

3. **Private schools can only partially meet the needs of our masses of elderly.** Many of our aged, who may need the benefits of adult education most, cannot afford to pay high tuition fees of private, profit-making schools. Few such schools are, in any event, in existence in our State, except in a few of our big cities, and these have not geared their programs to the aging. Private schools cannot successfully use their schools as the heart of community programs for the aging, embracing many facets from health services to recreation, as can public schools. Adult education for the elderly is more than just courses; it frequently is a mobilization of community agencies for an all-out attack on the problems of the aged. Private, for-profit schools are not interested in this approach; they have their own functions to fill. The private schools have a place to fill, but that place is not the replacement of public adult education. Private schools could be doing more than they are in this field, particularly in vocational training of older persons, but their basic objectives are different from those of public adult education.
4. **The individual adult has a responsibility for educating himself,** but many men and women who had to go to work in the late 1800s at a tender age and put in sun-up-to-sun-down hours through most of their middle years, simply never had a chance to do more than work and raise their families, until late in life, until pensioned, or widowed, or incapacitated. The average person 65-plus today has had but an elementary school education. He frequently lacks the inner resources to educate himself. He needs help. He needs guidance. He needs in some cases the aid of group work. You can learn design of saleable handicraft far better in a classroom



Einstein's continued scientific pioneering is an inspiration to all senior citizens.

under a skilled teacher than by the hard road of failing and failing to sell your product. The stimulation of group thinking and expert leadership in current affairs is far superior for some than simply digging one's trenches of prejudices deeper and deeper through lone study. This whole approach, that the oldster ought to take care of his own educational needs, is simply unrealistic.

5. **The State can ill afford failure to subsidize through State-aid, an adult education program geared to our older population.** A survey conducted by our Committee of leading figures in our industrial world disclosed that they did not know how far our Nation could go in allocating more and more funds to the aged, that they visualized an expanding economy, and were on the whole quite optimistic about the ability of our economy to withstand any real needs of our aged. Thus the question of whether the State can or cannot afford to provide State-aid for adult education for the aged is complex and one that cannot be answered simply in terms of some fixed dollar-and-cents goal-line beyond which lies some disaster. Rather the investment in adult education for the aged must be viewed in terms of what returns we are getting for our outlay. What returns in human satisfactions? What returns in added contributions to production? What returns in added contributions to our communities? What returns in higher living standards for our aged?

Our Committee is convinced that the State's adult education program for the aged merits support by the Legislature, and should be expanded until in every city and village wherever there is a school-house or meeting place, there is an opportunity for our aging and aged to meet their educational needs, which we have only just begun to discover.

We see no present need for any additional legislation in this field.

Some Recent Developments in Education for the Aging

Opportunities for education of adults are now being provided by the school boards in 564 school districts of the State. Less than a decade ago, there were only 65 schools offering adult education. Today over half a million adults are registered in adult education classes and activities. This number of adults, the State Education Department reports, is larger than the number of pupils enrolled in the public high schools of the State.

Increasingly, more and more of our middle-aged and aged are "going back to school", as detailed in our past reports. In some 40 communities in the State the public schools are operating educational classes made up of older men and women in addition to serving large numbers of elderly in the over-all adult education program.

Among significant new developments in our State in adult education for the aging are the following:

White Plains:

During the present semester the adult education division of the White Plains Public Schools will attempt to offer a course entitled "Home Companion Course", designed specifically for women in the middle or later life who wish to act as companion or attendant to the elderly or convalescent. The essential features and limitations of the work will be stressed and important information given to those who wish to secure positions for this much-needed type of service.

Niagara Falls:

As a result of a grant made by the Fund for Adult Education, the adult education division of the Niagara Falls Public Schools has set up an advisory committee to help the school initiate some new types of educational services for the aging. This committee, made up of business and industrial and other community leaders, has set the following as its objectives for the next six months: (1) set up courses in pre-retirement education, wherever pos-

sible within the office or plant. In so reaching men and women in advance of retirement and involving them in liberal adult education in which they can become familiar with group discussion, it is hoped that they will be more responsive to this type of continued education following their retirement; (2) use of specially-designed study-discussion programs in already organized senior citizen groups in Niagara Falls; (3) development of leadership to work with other senior citizen groups.

Syracuse:

The Silver Whistle Learn to Earn Workshop for Older Adults, a project of the adult education division of the Syracuse Public Schools, is now launched on its third year of operation. Set up in the basement of one of the elementary schools, it has taken on a place of real significance in Syracuse. The Center is staffed with five adult education instructors. Figures indicate that during the past nine months about 90 people participated in workshop activities, and about 150 in the special monthly program.

Classes in Homes for the Aged:

At the present time, the adult education division of public schools in three different communities—Newburgh, Onondaga, and Oriskany are now running classes in homes for the aged. These classes, all in the arts and crafts, are drawing a new crop of students—men and women in their sixties, seventies, and eighties—for many of whom this is an entirely new kind of educational experience.

Leadership Training Sessions for Senior Citizens Clubs:

The Bureau of Adult Education, in cooperation with the Nassau County Committee on Aging, conducted two leadership training sessions for leaders and volunteer workers in senior citizens clubs in Nassau County. About fifty persons participated in each session. At the present time there are about a dozen clubs in Nassau County for which the public schools are providing leadership for a variety of educational activities.

Developments in Rural New York:

Although the public schools in urban and suburban areas were the first to see the need for specially designed education for older adults, some recent developments indicate that the schools in rural areas are sounding out the community and are find-

ing an awareness of the problem and a need for additional services to the aging. This is shown by adult education appointed committees in a few rural areas that are involved in planning some senior citizen projects. Bemus Point, N. Y., represents the first rural community in which the public school has organized and is furnishing the leadership for a senior citizens club which meets weekly.

Employment and the Older Worker

The State Employment Service reports that

1. Although total job placement in 1953 was 4% less than in 1952, the number of jobs that went to persons over 45 increased from 172,000 to 175,000.
2. Compared with 1952, when the over-45 age group constituted 56% of all unemployment insurance claimants in 1952, they were 51% of all claimants in 1953.

The placements of persons over 45 have held up quite well as this report goes to press. As seen from the following table, all placements have gone down and the placements of those over 45 have gone down. However, the percentage of placements of those over 45 to total placements has remained remarkably steady and quite high. This would seem to indicate that of those jobs open employers are not tending to show increased reluctance to hiring the older worker (or at least Employment Service interviewers are able to persuade employers to hire older workers in the same proportion as heretofore.)

The following table shows the proportionate age break on unemployment insurance claimants. Unemployment Insurance claims also tend to bolster the conclusion that so far the older worker has not been disproportionately hit by unemployment. The percentage of total male claimants that are in the 45-64 age group was 46.4 in April 1952, 46.3 in October 1952, 44.6 in April 1953 and 41.8 in October 1953. In the male 65 and over group it was 13.6 in April 1952, 17.9 in October 1952, 16.0 in April 1953 and 15.9 in October 1953.

Similarly for the females in the 45-64 age group as compared with all female claimants, it was 40.7 in April 1952, 42.4 in October 1952, 43.1 in April 1953 and 40.5 in October 1953. Of the 65 and over females it was 3.8 in April 1952, 4.9 in October 1952, 4.9 in April 1953 and 4.1 in October 1953.

It must be born in mind that these figures represent active unemployment insurance claimants. This does not include claimants of any age who are

not covered by unemployment insurance or claimants of any age who had exhausted their unemployment insurance benefits.

TABLE II
Non-Agricultural Placements of Older Workers
New York State (Feb., 1953-Jan. 1954)

	Total	Over 45	%
January 1954.....	55,461	12,625	22.7
December 1953.....	57,859	12,511	21.6
November 1953.....	59,467	13,603	22.8
October 1953.....	73,206	16,487	22.5
September 1953.....	71,586	15,758	21.1
August 1953.....	67,909	13,789	20.2
July 1953.....	74,369	14,557	19.5
June 1953.....	76,243	16,167	21.2
May 1953.....	70,426	15,518	22.0
April 1953.....	68,768	14,674	21.3
March 1953.....	72,884	15,151	20.7
February 1953.....	63,482	12,814	20.1

TABLE III
Unemployment Insurance Claims by Age
New York State 1952-1953

April 1953		
Total claimants New York State.....		*206,132
Male.....	113,616	
Female.....	92,516	
* Percent change from April 1952.....		-19.5

October 1953		
Total claimants New York State.....		*165,122
Male.....	83,801	
Female.....	81,321	
* Percent change from October 1952.....		+19.4

Male — Percentage of Male Claimants in each age group

	April		October	
	1952	1953	1952	1953
Under 20.....	1.7	1.4	0.8	1.6
20-24.....	4.8	5.3	3.9	6.4
25-34.....	15.8	16.3	14.4	17.7
35-44.....	17.7	16.4	16.7	16.6
45-49.....	10.7	10.2	10.2	9.8
50-54.....	11.1	10.8	11.8	10.3
55-59.....	12.2	11.6	12.6	10.6
60-64.....	12.4	12.0	11.7	11.1
65 and over.....	13.6	16.0	17.9	15.9

Female — Percentage of Female Claimants in each age group

	April		October	
	1952	1953	1952	1953
Under 20.....	2.4	2.0	1.5	1.9
20-24.....	8.8	7.1	7.7	7.3
25-34.....	29.4	18.1	19.8	20.5
35-44.....	23.9	24.8	23.7	25.8
45-49.....	13.8	13.5	13.3	12.7
50-54.....	11.3	12.2	11.8	11.9
55-59.....	9.0	9.7	10.1	9.2
60-64.....	6.6	7.7	7.2	6.7
65 and over.....	3.8	4.9	4.9	4.1

The Westchester Survey on the Needs and Problems of the Aging reported additional significant data:

1. An analysis of job seekers 65 and over in April, 1953, in 8 employment service offices

in Westchester disclosed that of 565 such persons, 28% were skilled, 22% unskilled, 18% were in service occupations, 12% were semi-skilled, 11% were in clerical and sales occupations, 9% were professional or managerial people.

2. Placements in service categories in the 65 and over group were much larger than those in other categories. Eighty-two per cent of all placements of those 65 and over were in the service occupations.

The Westchester survey also reported: "The local offices of the Employment Service continue to see large numbers of older workers who are experiencing difficulty in re-employment because of age. It is true that as the labor market tightens, employers are expressing more interest in considering older workers as employees, but large numbers of such workers need rather intensive counseling service before they are ready for re-employment. The Employment Service has continued its staff training in the methods and techniques of providing employment and counseling service to older workers who have problems, **but at the present time no local office in the State has sufficient staff to offer such necessary service to all older worker applicants who need it.**"

These findings are quite similar to those of our own Committee.

Our Committee therefore recommends strongly that provision of specialized counselling and placement for older workers be made in every public employment service office in the State.

This is one of the most urgent needs to open up to older job seekers the opportunity of obtaining equal chance with younger persons to secure work. In previous reports we have shown concretely what counselling can do for the 40-plus job seeker in maintaining his confidence, in directing him to types of work most suited to past experience or hidden abilities and in other vital aids to job seeking.

At present, the State has been waiting until Federal funds were more equitably allocated so that moneys would be available for such extra service. We do not believe that the State cannot afford to wait much longer. Already, over half of unemployment insurance claimants are in the 45-plus age group. Recognizing that not all these job seekers need counselling, the fact still remains that only a small proportion of the older job seekers who need counselling obtain that service. It needs to be stated however that the State employment service is gradually improving its efforts to serve the older workers.

The need for obtaining more counselling service for the 40-plus worker is so acute that our Committee **recommends that the desirability of separating of the personnel of the Employment Service from that of the Unemployment Insurance personnel be immediately studied by the Advisory Council.** This recommendation is made because the older worker needs at all times an adequate number of trained, experienced experts in counselling and placement available to serve him. Unfortunately, when personnel can be shifted between sifting unemployment insurance claims and placement of job applicants, the placement operations tend to suffer.

Drastic cuts in operating funds of the Division of Employment during 1953 resulted in the closing of 3 full-time and 14 branch offices of the Division of Employment. At present, there are 78 full-time combined placement and unemployment insurance offices in the State, 21 specialized unemployment insurance and 15 specialized placement offices, and 27 part-time claims offices.

We do not believe the State Legislature or the people of the State of New York are fully aware of the long history the State employment service office has had of being tossed back and forth between the Federal and State governments, of the difficulties of retaining skilled personnel in the employment service, and what this meant in terms of service to the job seeker.

A report by the Division of Employment to the Federal Bureau of Employment Security recently, tells part of that story:

"The demand for service by the New York State Employment Service in calendar years 1952 and 1953 was greater than could be handled with the monies made available by Federal grant. New accounts were being turned away. In both years about a million placements were made.

"The acceptance of service on a voluntary basis by both employers and applicants for work made possible a high degree of integration between unemployment insurance and placement, resulting in shorter periods of unemployment and fewer persons in need of insurance payments.

"Because the Employment Service overproduced in relation to its budgeted load in the past two years, the allocation of funds for the service in the year beginning July 1, 1953, was relatively high compared to other phases of the division's activity. Nevertheless, the Employment Service had to be reduced by 140 positions.

"As a result, there are thousands of applicants now waiting for interviews who cannot be seen and promotion activity has virtually been stopped in an effort to reduce job orders which cannot be handled. Service to older workers has been badly impaired.

"Vocational and placement services to the schools, particularly in New York City, have been cut back in the face of persistent demand for trebling such service this year.

"Handicapped workers and others requiring special treatment are getting less service than ever before simply because these placements are the most expensive.

"To keep faith with the employer accounts which involve large volume and have direct bearing on unemployment insurance benefits, the bulk of the time and effort is being devoted to the high volume and less costly placements."

Because there are issues involved in the separation of the two agencies beyond that involving the 40-plus worker, we believe that an inquiry into this problem should be undertaken by the State Advi-



Senior citizens enjoy the release of inner creativity promoted by golden age clubs, day centers, adult education classes.



Spry 90-year-old Caroline Kramer, oldest member of South Shore Golden Age Club, enjoys singing sessions.

sory Council on Employment and Unemployment Insurance or some other appropriate agency.

Recurrent budgetary crises are destructive of the morale of the State employees who must be counted upon to counsel older workers, and sell employers on the skills of older workers.

The Advisory Council reports that "all the monies collected under the Federal Unemployment Tax Act are not used for employment security purposes, as was intended," . . . that for fiscal year 1953 Federal collections under the Unemployment Tax Act will be \$276 million, Federal grants to the states, \$212 million, leaving a "profit to Federal treasury" of \$64 million . . . and that the State employment security agency is "inadequately financed while the Federal treasury makes a tidy and unintended profit.

The 40-plus job seeker has a deep interest in correcting this situation so that he can obtain the help he needs and to which he is entitled in order to obtain employment.

Only a full-blown Congressional probe will uncover the extent to which the 40-plus worker has failed to obtain the help he needs from the Federal Government.

For example, an investigation is needed:

1. To determine why New York State and other states with large numbers of 40-plus in the labor market do not obtain a fair share of Federal funds to give the older job seekers the counselling and placement service he needs.
2. To determine why, as has been told us, the Federal government engages in only "token research" on the problems of the older worker and how to meet them.
3. To determine why, in view of the fact that women, younger workers, veterans, the handicapped and other groups receive special consideration from the Federal Government in obtaining work, so little is being done for the older worker.

It may be that Congress itself is unaware of the lack of support being given to the older job seeker. It may be Congress itself is unaware of the need for affirmative action by the Federal Government to provide the leadership for the states in helping the 40-plus obtain an equal opportunity to obtain jobs. A Congressional probe could focus attention on the central issue: what tools and what aid needs to be given to the U. S. Labor Department to help the department to obtain jobs for the 40-plus?

There is evidence that almost 1 out of every 3 applicants for work in this country is 45 and over and that almost 1 out of 3 of these applicants 45 and over needs specialized counselling and placement service.¹

Even in the recent period of full employment there were at least 1,000,000 applicants for work each year in the 45-and-over age bracket who need vocational counselling. Yet the counselling budget made available provides for only about 100,000 workers 45 and over, one-tenth of the actual needs as revealed by the U. S. Labor Dept. itself.

Nationwide, while 1 out of 3 applicants for work is 45 and over, only 1 out of 7 placements involves this age group.

Part-Time Jobs For Pensioners

The Federation Employment Service, 67 W. 47 St., New York City, in an experimental project during the past year aimed at placing pensioners in part-time jobs, came up with these findings:

1. Promoting job opportunities for the pensioner requires intensive and painstaking activity,

¹Based on "The Older Worker Taking Inventory"—Counselling and Training, by Charles E. Odell, Chief, Counselling Section, U. S. Labor Dept., July 27, 1953.

for among other reasons, the pensioner is still an unconventional source of manpower.

2. There is a great need for opening up job opportunities for pensioners. FES had a waiting list of 1,400 applicants for its pensioner service.

FES interviewed 250 pensioners who registered for part-time jobs, and obtained 83 jobs for 70 pensioners. A multitude of job promotion techniques were used, including visits to some 500 firms, direct mailings, telephone canvasses, etc., but the FES found that these devices "brought in part-time jobs for pensioners, but not enough of them."

The project placed a 70-year-old ex-hotel clerk as clerk in an engineering office; a 68-year-old ex-stock clerk, as messenger; a 67-year-old ex-presser, as a messenger; a 66-year-old ex-salesman, as a mail clerk. Most of the placements were as messengers (31); but 13 obtained jobs as clerks, 9 as cashiers, and the remainder in a variety of posts from porter to carpenter. They pay scale ran from 75¢ an hour to \$1.50 an hour.

In 49 cases the jobs in which the pensioners were placed were different from the applicants' customary occupations, and 30 were in jobs similar to or identical with their customary jobs.

On the job performance for 74 per cent of pensioners placed equalled or bettered that of younger co-workers, according to employer estimates. And the absenteeism record of those placed appears to be equal or superior to that of younger workers. Job turnover rate is believed to be no higher than that for young persons on new hirings.

While the total number of persons placed is relatively small, the project points up the fact that industry is (a) unaware of the potential of the pensioners for part-time worker, (b) reluctant to employ pensioners, (c) unaware as to how to employ the pensioners profitably. It also emphasizes for our Committee the need for intensive exploration of part-time job opportunities for older persons.

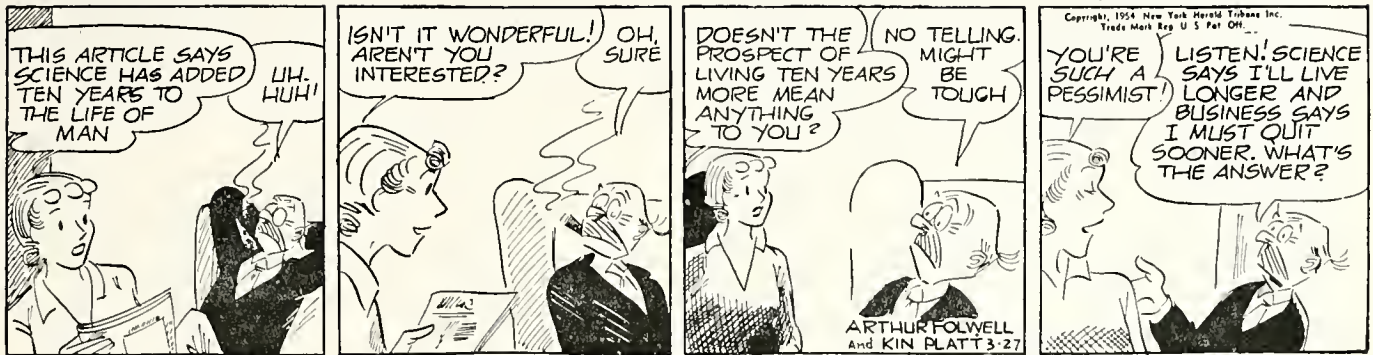
Job Engineering and the Older Worker

Our Committee has queried all manufacturing firms in the State having 250 or more employees as to whether or not they engineer jobs to meet the declining physical capacities of some older workers, their slowed down reaction time, increased fatigue, decreased ability to cope with time-pressure work, cardiac or arthritic difficulties, or declining visual acuity.

In another section of this report, a paper is presented summarizing the findings of the survey. However, here we should like to spotlight the fact

MR. AND MRS.

By Arthur Folwell-Kin Platt



that apparently job engineering for older workers is being done more extensively in medium size plants than in the large or small plants. The large plants believe that it is easier, since they tend to have a large variety of positions with varying physical demands, to use the technique of job transfers than "to spend money" re-engineering jobs.

Our Committee believes however that while job transfers may be "easier" and may seem to cost less money in some cases, job engineering in some instances may actually be the more profitable. The purpose of job engineering is to step up production, improve quality of output, reduce labor turnover, reduce costs, ease strain on employees, and insofar as older workers are specifically concerned, to enable management to retain experienced workers, and to hire experienced workers in tight labor markets.

Our Committee finds that when industry engineers jobs for older workers the result generally is that work simplification is effected that has an impact beyond that of the older worker. New techniques developed for older workers are an aid too for younger workers and tend to simplify work generally.

We wish to cite some common problems met in industry involving the older worker and how they were overcome by job engineering:

The Problem

1. In one large plant a worker had to climb around on a distillation tower to check temperatures and pressures.
2. In a munition plant a long cycle, complicated operation requiring the worker to stand, use hand tools, exercise considerable physical exertion.

The Solution

1. Controls removed to and centralized in a control room where operator simply watches dials.
2. Assembly of several co-acting parts was separated from the operation, and tooled to reduce effort, dexterity and complexity. Hydraulic press and fixture eliminated hand tools. Work area was re-arranged. Seats were provided.

Problem

3. Eyesight of older workers packing bottles at end of conveyor system is getting worse with result they are not accurately placing and filling cardboard boxes.

Solution

3. Installed scale setting off small alarm bell whenever carton is light packed.

There are numerous other such cases. However, our Committee finds that modern technology through constant easing of physical exertion is making it possible for older workers to remain



Elderly skilled handcraftsman finds it easy these days to supplement pension by part-time repair work.

longer on the jobs. Use of fork-lift trucks, automatic conveyors, etc. take a large portion of the strain out of many types of operations. Simplification of jobs also tends to reduce dependence of mature experienced older workers, so that job engineering is not a one-way street wholly in favor of the older worker.

Our Committee, on the basis of its survey, commends to management a re-examination of the common belief that it is more profitable in a large plant with numerous types of jobs simply to shift an aging employee from one job to another rather than to engineer his job. This kind of job transfer may be "easier" for an harassed supervisor, but whether it is more "profitable" is another matter, for there may be more long range benefits and profits in engineering jobs than in handling the problem "the easy way."

Our Committee finds numerous notable examples of industries employing the technique of job transfers to continue older workers in their jobs. We present two such case histories here:

Problem	Solution
1. Aging workers assembling small parts were losing speed and precision of movement needed in the repetitive operation.	1. Workers were transferred to boxing jobs which although also fast and repetitive are characterized by more full and open movements of fingers and hands and do not require extreme precision called for in assembly of small, intricate parts. Workers were taught to be ambidextrous. Speed attained without excessive fatigue enabled aging workers to earn same amount as though they could if they were younger and working on the assembly operation.
2. Aging worker easily fatigued on job as inspector of standard sized typewriter; paced for 60 machines a day, and requiring worker to get up and down from his chair each time the machines were handled.	2. Transferred to screw tightening job on portables paced for 11 machines a day. Job doesn't require picking up machines, merely sliding them along bench.

Most of the firms reporting did not downgrade on the transfers, and earnings were either kept at the same level by management or were earned on a piece basis as the previous job or when downgraded, the drop in income tended to be moderate. Many cases were uncovered of firms actually creating new positions adapted to the older employees.

Firms concerned about job engineering or transfers of older workers engaged in crew work found a solution by taking the older worker out of the

crew and assigning him similar work requiring perhaps special care, such as custom work, or filling special orders, or handling a particular kind of product which will not depend on visual acuity. There are many ways of retaining older workers on the job **profitably**. Some concerns obviously have found ways of doing this.

Our Committee recommends that management and industrial engineering groups pursue the leads uncovered in our survey so that definitive reports will be available to industry showing management how to use job engineering and job transfers so that older workers can be hired and retained profitably.

Unemployment Insurance and Older Workers

We find that:

As of October, 1953, workers above 45 were about 50% of all unemployment benefit claimants although they are less than 40% of the labor force.

Under the unemployment insurance program, reports the State Advisory Council on Employment and Unemployment Insurance, the older worker presents special problems, such as:

1. What kind of work must the older worker be prepared to accept if there is no chance to use his skill?
2. Is the worker retired on a pension actually seeking work? Is he entitled to unemployment benefits?

The Council cites a decision of the Appellate Division of the New York State Supreme Court in 1953 as laying a framework for dealing with these questions. The opinion of the court reads in part:

"The Unemployment Insurance Law is intended to protect and continue the working activity of all members of the community. It is not merely for the protection of young workers but also of workers of advanced years who remain in the labor market. We take unusual care in this decision not to suggest or to imply that age alone necessarily results in non-availability in the labor market.

"Availability is the statutory test; but it must be applied individually to the facts of each case as the administrator sees them.

"Age linked to a lack of physical or mental capacity to work or age coupled with restrictions which cut down greatly the possibility of employment may fairly result in a finding of

non-availability. But an able aged man is an available man if he has remaining abilities that can be sold on the market. When such a man is willing to meet the market, his employment is covered by the statute."

Self-Employment

There are a great many individuals who must depend on self-employment in later life to sustain themselves on a decent level.

The splendid achievements of the State Department of Commerce's Woman's Program, which aids both men and women, particularly those in middle and later years, have been widely heralded, and deservedly so. For this program apart from the concrete help given in providing help in designing, production and marketing of homecrafted products, has served to buoy the hopes in a realistic way of a great many aged. Too, it has saved many aged from fruitlessly investing time and money and effort on homecrafts likely to yield deficits.

Our Committee does not believe that any great proportion of our elderly, retired from factories or offices, are likely to venture into self-employment in stores or similar ventures, although an increasing number of aged may do so. There seems to be some evidence that persons long accustomed to working for wages and salaries who do not break into self-employment in their younger years are unlikely to do so in their later years. The most likely avenue of self-employment in later years is that of homecrafts and handcrafts, wherein the aged can work at their own speed, part-time or full-time, to earn income supplementary to their pensions. Nonetheless there will always be enterprising elderly who will succeed in self-employment.

The work of the Woman's Program of the New York State Department of Commerce in so far as problems of the aging is concerned, has been on an economic advisory level to the individual rather than on the institutional level.

The agency has participated in adult education programs beamed toward preparation for retirement in Albany, Troy, Syracuse, and New York. Its share of the discussion was concerned with added income through service businesses; through part-time occupations and through the sale of handcrafted products.

In Syracuse, it took over a "career day" expressly designed for the older or retired worker and counselled individuals attending the Grandma Moses festival whose primary interest was the sale of their own creations.

In cooperation with the adult education program of the New York State Department of Education,



The poetry of Carl Sandburg (below) and the poetry in woodwork of many an oldster such as the gentleman above are giving the "new aged" renewed confidence in themselves.



the agency prepared a complete syllabus on the subject of small business to be used in their "preparation for retirement courses" and worked closely with several local school groups in planning marketing courses for the older worker.

In its everyday counselling work, it has dealt with many individuals in the upper age brackets and has aided them in translating skills, experience and accumulated know-how into new fields of activity, needed services and added income.

TABLE IV
Pre-Employment Individuals U.S.A.
(Ages 14-17)

	In thousands	% Increase Over 1952
1952.....	8,828	*
1954.....	9,189	4
1960.....	11,577	31
1964.....	14,220	61

* Based on data in Statistical Bulletin, Aug. 1953, Metropolitan Life Insurance Co.

The labor market in the 1960s will very likely witness a tremendous outpouring of World War II babies grown to an age when they will be ready to flood the labor market.

Our Committee believes that the conflict between youth and age, between young job seeker and old job seeker, will be enormously intensified in the 1960s. The above table graphically indicates the reason for our Committee's belief that the greatest threat to job security of the present middle-aged is the great reservoir of manpower now building up in our elementary and high schools. By 1960 we shall witness a 31% jump in those 14-17, as compared with 1952, and by 1964, a 61% increase!

True, selective service and longer periods of education may temporarily divert for an extra year or two, perhaps four, some portion of this influx into the labor market. But these figures indicate that our economy must plan now in advance, insofar as possible, how it wishes to cope with the swelling of the labor market, and the intensified pressures likely to develop in the 1960s to get the older men out of the labor market.

Automatism

American industry is apparently on the verge of an automatic age which will greatly accelerate the current trend toward automatic machinery.

We are faced with:

1. Completely automatic factories, insofar as production is concerned.
2. Automatic distribution centers, revolutionizing current supermarkets and department stores.

3. Automatic office machinery which can "remember," "take directions," "do complicated mathematical work," eliminating need for much office help involved in dictation, filing, etc.

While those studying this development believe its full impact will not be felt for a decade, an all-out war might accelerate the trend greatly.

The impact of cybernetics on the 40-plus and 65-plus worker is only vaguely discernible. Some there are who believe the "push-button" age means there will be little need for the older worker, that industry will be able then to utilize its younger workers for necessary jobs, and that the older worker will be out in the cold. Others believe that the development will enable the older men to do more of industry's work, since servicing machines or pushing controls will require little heavy work. Too, some economists foreseeing a continued trend to a shorter work day and shorter work week, with man learning how to use his leisure time and altering his values about work, predict a stepped-up move toward retirement at 65 or earlier.

This is crystal-ball gazing at present.

While production techniques may shape the economy, political pressures have a way also of shaping the economy. Unions and workers will undoubtedly combat mass technological displacement, until some adjustment is made to fit technological know-how to human needs.

Annual Retirement in New York State

The State Division of Employment¹ estimates that in 1950 approximately 72,000 New York workers retired under social security. This is based on data indicating that 567,000 persons became new recipients of primary retirement benefits in the U. S. A. in 1950, and that 12.6% of 1,912,000 primary beneficiaries, were from New York State. Applying the 12.6% figure to the 567,000 new retirees, the Division obtained the figure of 72,000 New York State new retirees. In addition to those 72,000 there are untold others who retired in 1950 but who were not covered by social security. We cite these data because it is important that we have some indication of the magnitude of the retirement problem in our State.

Non-producers versus Producers

Our country faces in the immediate future the need for deciding whether it wishes to continue to foster policies under which a person retiring at 65

¹ Employment Patterns of Insured Workers in Selected New York Industries, 1947-51, Division of Employment, N. Y. S. Dept. of Labor, 1953.

will have spent at the end of his life about 45 years in productive life and 30 years in a non-productive status.

With more and more time being spent by youth in school and more and more time being spent by the aged in retirement, the question is whether productive capacity will keep up with this new trend and whether or not our economy will long be able to finance such new trend, indicated in the following table.

TABLE V
Non-producers in Relation to the Gainfully Employed¹
U. S. A.

YEAR	Persons not gainful workers per 100 gainful workers	Aged persons not workers or wives of workers as percent of all persons not gainful workers	YEAR	Persons not gainful workers per 100 gainful workers	Aged persons not workers or wives of workers as percent of all persons not gainful workers
1870.....	209	1.9	1920.....	149	4.2
1880.....	189	2.3	1930.....	152	5.0
1890.....	170	2.8	1940.....	140	7.9
1900.....	161	3.2	1950.....	137	9.4
1910.....	147	3.7	1952.....	135	10.0

¹ From *Pensions in the United States*, Joint Committee on the Economic Report, 82nd Cong. 2d Sess., p. 40.

Retirement and State Employees

The State of New York is one of the largest employers in the State. In mid-1953, it had 54,509 persons in the competitive class of civil service alone. And while in hiring aspects, the State's policy, insofar as older workers are concerned, compares favorably with that of private industry, in its "exit" aspects, the State lagged behind private enterprise.

For today many large industrial enterprises have seen the wisdom of setting up systems of (a) individual counselling of those nearing retirement age, (b) group counselling of those nearing retirement age, (c) referral of those nearing retirement to community adult education courses on "Retirement—Your Second Career." And yet the State, which operates a gigantic pension plan, is doing nothing to adjust older workers to inevitable retirement, to help them see new opportunities in retirement, to give them data basic to making wise decisions for themselves in the period of tension, fear mingled with hope, before retirement. With large numbers of State employees now covered by the optional retirement at 55 provision, the need for counselling employees broadens out to include not only those in their 60s, but also those in their 50s.

The State in the 1954–55 fiscal year will allocate \$25,375,000 as the State's share to the pension accumulation fund, apart from almost two million dollars as the State's share of the administrative expenses of the employees' retirement system for the past fiscal and current year.

Without a system of retirement counselling, the State like other employers may find that despite the expenditure of huge funds for pensions, its pension system is not developing the good employer-employee relations one might expect.

For the State, a retirement counselling system would mean (a) returns in a better rate of production during the final years of service, (b) a lessening of persistent pressures applied to retain individual employees who have reached 70, (c) possibly a lessening of sickness rates among older employees alerted by counselling courses to improving their vigor, and (d) other dividends that come from having a better adjusted work staff.

During the past year a small scale experiment in operating a "Retirement—Your Second Career" course for State and local employees at the Troy Y.M.C.A. received widespread favorable comment and indicated that there is a definite need for retirement counselling of older State employees.

Our Committee therefore recommends that the State Civil Service Department in cooperation with the State Retirement System establish a program of retirement counselling for older State workers.

Investments of the State Retirement System are severely restricted to those which do not reflect any advances of any inflationary type or of an expanding economy. And since the history of prices from generation to generation, from century to century, have continued a steady upward climb, except for temporary periods of depression, considerable thought has been given of late to some method that would provide those covered by the State Retirement System with a better opportunity to provide an increased annuity upon retirement.

The Teachers Insurance and Annuity Association, which covers mainly the faculty of universities from coast to coast, has through law adopted by the 1952 Legislature, set up a dual system which enables those enrolled in the system at their own option to set aside a portion of their retirement contributions in a fund devoted to common or preferred stocks of "blue chip" corporations. A similar system might materially aid State employees. It should be appreciated that the 10,000 or more private pension systems in our country also are invested in a large number of instances in a balanced portfolio not only of government bonds, and

municipals, but also of common and preferred stocks of triple-A rated corporations. A few states have already liberalized their investment policy.

Our Committee recommends:

1. **The State Retirement System together with State employees study a bill prepared for review purposes by our Committee to allow not more than 10% of the total funds of the retirement system in the future to be invested in certain prime stocks, and to authorize appointment of an advisory committee to the Comptroller composed of experienced investment personnel to assist in selection of such securities.**
2. **The State Retirement System together with State employees study the Teachers Insurance and Annuity Association dual investment program which permits the individual at his own discretion to allocate a portion of his retirement moneys into a fund composed of prime stocks.**

There is something lacking in the human relations program of the State Civil Service program insofar as its older workers are concerned. Today a man or woman may devote his entire life to the State's service and leave, at 70, without any real recognition from the State of a job well done. Some such token of appreciation, apart from the more realistic approach of the pension system, is needed. It isn't enough that the fellow employees may give the retiree a going-away party and perhaps a travelling bag or watch. Our Committee recommends that each retiring employee who has served the State faithfully should receive some official token of appreciation from the State.

Our Committee recommends that each Department be authorized to issue an official State scroll of appropriate nature, to retiring employees who have faithfully served the State.

The urgency of adopting a State mental hygiene program geared to middle-aged and older persons is seen from these figures:

- During the past 30 years there has been a—
- 950% increase in patients in our State hospitals with psychoses with cerebral arteriosclerosis.**
 - 312% increase in patients with senile psychosis.**
 - 162% increase in first admissions with psychoses with cerebral arteriosclerosis.**
 - 67% increase in first admissions to State hospitals due to mental illness associated with senility.**

Today more than one out of three first admissions to State hospitals are persons with either cerebral arteriosclerosis or senile difficulties.

TABLE VI
Patients in State Hospitals with Ailments
Associated with Old Age
1922-1952

	1922	1952	% Increase
1. Hardening of the brain....	793	8,326	950
2. Senile psychosis	1,279	5,266	312

Social Security

In previous reports, our Committee has analyzed the needs of the aged insofar as social security is concerned. The official proposal of the Federal administration (HR 7199) is at this writing before Congress, and contains several important provisions which are in accord with recommendations made by our Committee:

1. Between 10,000,000 and 11,000,000 additional persons will be covered under OASI.
2. Benefits are increased from a minimum of \$25 a month to \$30, and the maximum is raised from \$85 to \$108.50. Family benefit maximum will be raised from \$168.75 to \$190.
3. Eliminate present \$75-a-month earning limitation, substituting in its stead a provision under which the first \$1,000 of a beneficiary's annual earnings would be exempted. For each unit of \$80 of earnings above exempted amount, one month's credit would be suspended.

Under the administration's proposal, a worker employed at least two years after December 31, 1954 at a wage of \$350 a month or more may, in return for \$84 a year payment from him and \$84 from his employer, receive the following benefits:

\$1,953 a year—

A pension of \$108.50 a month after retirement
Plus \$54.30 a month for his wife after she reaches 65.

If he dies—his family will receive:

\$325 as a lump-sum death benefit, plus
\$81.40 a month for his wife if she has reached 65 or
\$162.80 a month for his wife at any age, if she is left with 1 child
\$190 a month for his wife if she is left with more than 1 child.

Federal officials estimate that the proportion of aged eligible for OASI benefits will increase from 45% to 75% in the next five or six years.

However, while it is likely that greatly increasing percentages of those reaching 65 will be eligible for OASI benefits, there is little evidence in our State to indicate that any large drop in the total number of old age assistance cases will result.

It is significant that the State Social Welfare Department estimates of OAA case-loads for 1954-55 show no decline over 1953-54.

TABLE VII

Average Monthly Case-Load of Old Age Assistance and Grants¹

	1952-53	1953-54	1954-55
Case load	115,500	110,500	110,500
Grant	\$66.41	\$70.06	\$70.19

Today approximately 80% of those on OAA rolls in our State receive no OASI benefits, so they will not be taken off rolls by any increases in existing benefit payments. Too, 90% of those who do receive OASI benefits receive OAA grants of at least \$30 a month, so any benefit increases under OASI are not likely to be large enough to take them off OAA rosters.

Thus it is likely that increased benefits will take some persons off OAA, but there will remain the hard core of over 100,000 aged indigent in the State.

In the heartening expansion of OASI, we should not overlook the fact that such expansion is not reducing materially this army of aged unfortunates.

Studies by our Committee reported on last year indicated the urgency of covering under OASI domestic workers, and spotlighted the fact that irregularly employed domestic workers constituted a substantial proportion of the old age indigency rolls in Community X. A study of the OAA roster in New York City also produced evidence that a high proportion of the indigents were in the domestic and labor class. The need for assuring that these groups are adequately covered under OASI is clear.

Our Committee therefore recommends that attention be centered on:

1. **Methods of reducing our OAA rolls substantially.** At present, death is the principal cause of reductions of the OAA rosters. If steps are not taken to make a material cut in OAA rosters possible, we shall not be able to achieve a substantial reduction for another 10-20 years, at present rates.
2. **Methods of preventing indigency in old age.** While OASI will provide a floor of economic security for most persons, attention needs to be focussed on the fact that there will still remain many aged who maladjusted, untrained, lacking stability or suitable educa-

tion will arrive at later years indigent, perhaps because of poor working record unable to qualify for OASI or at best for only minimum amounts. Here OASI may be of some help, or no help. Here sound community work, individual case-work, early detection of probable indigents, and sound remedial work will be needed.

Close study is needed of the Canadian system of social security for it may, with its system of providing an equivalent of OASI for the "old-old" and OAA for the "young-old", offer clues as to how we may make inroads into our OAA rosters.

The new proposed Federal formula for Federal grants for OAA calls for larger contributions to states with low per capita income and smaller proportionate contributions to states with high per capita income. It also provides for a sliding scale of reduced Federal contributions based on proportions of aged on OASI rosters. This may mean New York State's share of the Federal grants will be cut. However, the new formula would not take effect until April 1, 1955, so the Legislature would have ample time to enact any new legislation and pass on any new appropriations proposed.

Mental Health and Older Persons

In our 1953 report, "Enriching the Years", we said:

"The strain of living in a culture which tends to make of the aged second-class citizens by shunting them aside in industry, in the family and in the community is quite enough to



One of the prize winning posters in state-wide contest sponsored by our Committee.

¹ Executive Budget, Vol. 1, 1954-55, p. 585.

develop stresses in any older person who is not buttressed by an inner philosophy, an adjustment to realities, and an outlet that will enable him to retain his dignity and his self-esteem."

We pointed out that unfortunately our school system from elementary grades through college does not usually indicate values likely to aid the middle-aged and elderly to meet these stresses, and that psychiatry cannot remake our culture, nor remove culture borne tensions which explode later in life in "abnormal behavior."

However, new evidence indicates that we cannot really assess properly the impact of culture on senile psychosis or other mental ailments. A report for example was recently made on the Hutterites, an inbred, self-contained, economically secure agricultural group living a simple cooperative life in which family and community support for the mentally ill is strong and humane, where mental illness is no disgrace, where the aged are not downgraded but have an opportunity to keep useful. The study indicates that senile psychosis is no less common among the Hutterites than among those in industrialized, high pressure civilizations. Thus generalizations about the impact of culture are today largely assumptions. They need verification.

Our Committee said psychiatry did have fundamental responsibilities such as:

1. **Ridding itself of its own peculiar stereotypes about the aged and old age.**
2. **Giving to social workers, physicians and public officials a better understanding of the drives, pressures, fears of human beings as they age.**
3. **Developing a long-range and short-range research program in gerontology, directed toward reduction of institutional population, including hardening of the arteries of the brain and a host of other pressing problems.**
4. **Advising public officials and taxpayers as to whether we are to keep building more and more State mental hospitals to house our senile or whether they could be cared for by their home communities and in their home communities.**
5. **Providing mental hygiene clinics which will cater not alone to the children but also to the aged.**
6. **Delineating carefully between those who need institutionalization, partial supervision, foster or home care.**

The State of New York is making some definite progress along these lines:

1. **An experimental geriatric building to be erected at Middletown State Hospital was authorized by the 1953 Legislature.**
2. **Segregation of the aged in our State hospitals in separate geriatric or infirmary services is now close to achievement.**
3. **The research unit of one of the State hospitals is being reorganized with the intention of having it devote its entire attention to arteriosclerotic and senile changes.**
4. **Preliminary conclusions from the epidemiological study of mental disorders, are to become available shortly, as this report is written.**

Additionally, the State concerned that the patient population in State hospitals is rising at a net rate of 3,000 a year, that operating expenses during the past decade have soared from \$41 million to \$130 million, that over \$200 million has been spent from current revenues during the past 11 years for construction of mental hospitals, is now embarking on a new preventive program that may have important bearings on gero-psychiatry.

In his 1954 message to the Legislature, Governor Thomas E. Dewey called for (a) a \$350 million bond issue for construction of mental hygiene hospitals, and (b) a new State-aid program for establishment of local mental hygiene programs.

It is contemplated that the local mental hygiene programs will include "treatment, rehabilitation and prevention." It would embrace psychiatric clinics, permit organization of consultant services by psychiatric specialists for schools, courts, health and welfare agencies and other professional groups; in-patient psychiatric services for short-term treatment or observation in general hospitals; rehabilitation services for those who have been mentally ill, and other community mental health activities.

This new proposed program has great implications for an aging population. Emphasis in the past has been largely on psychiatric services for children. This new program will undoubtedly open up new psychiatric services for the middle-aged and elderly.

Our Committee believes that such a preventive program is part of orderly progress toward a psychiatric program which will accord our middle-aged and a fair share of available psychiatric services.

We believe that it may go far to holding down the progression of minor mental maladjustments into



Sound nutritional practices in hospitals, old age homes, and nursing homes are speeding convalescents back to health.

severe mental difficulties, and help keep many families from being rent asunder by overwhelming problems involving care of older members of the families.

All who are interested in gerontology and the welfare of the aged have a large stake in the development of this preventive program. We recommend that as soon as the program is authorized by law, local committees on the aged should join with other local groups, such as mental hygiene societies to determine how their local communities can best utilize the newly authorized services.

Health and the Aged

The average life span in this country continues to climb.

Insurance company data on the life span of wage-earners and their families are particularly encour-

TABLE VIII

Expectation of Life and Mortality Rate Per 1,000 at Specified Age by Color and Sex, Total Premium-Paying Business, Industrial Department Metropolitan Life Insurance Company, 1952

AGE	Expectation of Life				
	Total persons	White		Colored	
		Males	Females	Males	Females
5.....	65.9	62.9	68.8	60.5	63.6
10.....	61.0	58.1	63.9	55.7	58.7
15.....	56.2	53.3	59.0	50.9	53.8
20.....	51.4	48.5	54.2	46.3	49.1
25.....	46.7	43.9	49.3	41.9	44.6
30.....	42.0	39.2	44.5	37.5	40.0
35.....	37.3	34.6	39.7	33.2	35.6
40.....	32.8	30.1	35.0	29.0	31.3
45.....	28.4	25.9	30.5	25.0	27.2
50.....	24.2	21.9	26.1	21.3	23.2
55.....	20.3	18.3	21.9	17.8	19.6
60.....	16.7	15.0	17.9	14.6	16.2
65.....	13.4	12.1	14.2	11.8	13.0

NOTE: — Excludes deaths from enemy action.

aging. The life span of wage-earners and their families was about 6½ years less than for the general population back in 1911–12. But now the two are on a par.¹

In previous reports, our Committee has analyzed the causes for the rise in the life span in this country, the variations in longevity in different parts of the country and within our own State.

Data on longevity may increase our understanding of why our State must be concerned increasingly with the problems of old age. But more importantly they may serve to spotlight government's future objectives insofar as longevity is concerned.

The increase in expectation of life at birth since 1900 has been about 20 years. This tremendous accomplishment has been due largely to reduction in mortality from infectious diseases.

TABLE VII

Expected Increases in Average Life Span at Birth by Elimination of Various Diseases

Elimination of	Increase in Average Life Span at Birth (male)
Cardiovascular-renal diseases	9.8 years
Cancer	1.8 years
Accidents	1.8 years
Tuberculosis .....	.5 years

Although complete elimination of chronic diseases is probably impossible, the greatest opportunities for gains in longevity now lie in an attack on the chronic diseases.

What the future holds insofar as longevity is concerned, no one really knows. What the atomic energy has meant for power development, new findings in biology may mean for the life span, for as one scientist has stated, these experiments "challenge the defeatist doctrine of the inevitability of aging and encourage a quest for the biological characteristics of the aging process."

Last year about 224,000 of our people died of cancer. Cancer will take the lives of 25,000,000 of our 160,000,000 people unless the cancer mortality rate is lowered.

Diseases of the heart and blood vessels alone now take over 817,000 lives a year. Over 7,000,000 Americans are estimated to suffer from arthritis and rheumatic diseases. Diabetes each year adds 100,000 to its roll of sufferers.

Yet the medical world has today a considerable amount of knowledge to curb and prevent these ailments from taking their toll.

Dr. Edward L. Bortz, former president of the American Medical Association, in an inspiring

paper delivered at our 1953 public hearing in New York City, and published in another section of this report, made some statements that bear emphasis. He said:

"The fact is a great deal of the weariness and boredom of so-called old age is entirely avoidable."

"Let us think not so much in terms of atrophy, decline, and waste of higher years; let us turn to the potentials of growth, development and maturation."

"There is generous promise that medical research will discover highly effective measures for their (high blood pressure, coronary occlusion, apoplexy, thrombosis and hardening of arteries) control or at least for the delay of blood vessel breakdown within the next twenty-five years."

"The misconception that hardening of the arteries is a necessary accompaniment of the aging process in the human body must once and for all be dispelled."

"Already enough information is available concerning the control of cancer, that were it promptly applied, the death rate from cancer would be reduced by fifty per cent."

These are heartening challenges to our State. And these challenges are already being met in part by the State, localities, and private agencies.

Our Committee has noted in its past report that:

1. A cardiovascular health center is being established by the State at the Albany Medical College, for the purpose of improving techniques of detecting heart ailments.
2. Two hundred additional beds were opened at Roswell Park Memorial Institute for cancer last summer, and this year an entire building will be completed and fully equipped with the most modern facilities for clinical service, research and teaching.
3. The Chronic Disease Research Institute at Buffalo operated by the University of Buffalo Medical School with funds supplied by the State Health Department has embarked on research in metabolic disorders, arthritis, and other ailments which affect our elderly.
4. In 1953 the State Health Department provided for appointment of a State public health physician in the field of chronic diseases. It is expected this will initiate work similar to that which would be done by a bureau on adult hygiene and geriatrics.

¹ See Statistical Bulletin, Metropolitan Life Insurance Co., Vol. 34, No. 8, Aug. 1953, pp. 4–6.

Increasingly private hospitals are creating geriatric clinics. The Edward J. Meyer Memorial Hospital in Buffalo and the Beth Israel Hospital in New York City are examples upstate and downstate of institutions which have recently set up geriatric clinics.

The eight main steps that our State needs to take promptly are:

1. Adopting of an aggressive health education program directed at our 40-plus population. This program should aim to bring to our people what is known now as to how to prevent and mitigate the ailments of the middle and later years.
2. Creation of an Adult Hygiene and Geriatrics Bureau which will provide public health officials in the State with a permanent core of medical leadership to plan and integrate work within the State Health Department effecting the middle-aged and elderly.
3. Development of an integrated State-wide rehabilitation program for all age groups which will make certain that no community, large or small, no old age home or nursing home, no general hospital or hospital for the chronically ill is without rehabilitation services.
4. Establishment of a pilot rehabilitation program in one of our small or moderate-sized upstate communities.
5. Elimination of restrictions which bar the State Division of Vocational Rehabilitation from aiding elderly workers to regain the ability to care for themselves even though they may be deemed unlikely to obtain work.
6. Development of multiphasic screening projects in pilot communities to detect incipient and masked diseases of middle-age and old age.
7. The expansion of home-care concept pioneered at Montefiore Hospital to our small and medium-sized Communities so that teams of home-makers, social workers, doctors, and nurses are made available for the chronically ill who can live, with help, in their own homes, or with their own families.
8. Introduction into the American way of life of comprehensive periodic health examinations at least during key periods of the life cycle, and preferably annually after 40.

In his message to Congress dealing with the Nation's health, President Eisenhower clearly indi-

cated that the states will have to participate to a far greater extent than hitherto in the work of rehabilitation of the disabled. A new program of Federal grants is to be set up designed to speed up rehabilitation services.

The message said in part:

"Our goal in 1955 is to restore 70,000 disabled persons to productive lives. Our goal for 1956 should be 100,000 rehabilitated persons, or 40,000 persons more than those restored in 1953.

"In 1956, also, the states should begin to contribute from their own funds to the cost of rehabilitating these additional persons. By 1959, with gradually increasing State participation to the point of equal sharing with the Federal Government, we should reach the goal of 200,000 rehabilitated persons each year.

"In order to achieve this goal we must extend greater assistance to the states. We should do so, however, in a way which will equitably and gradually transfer increasing responsibility to the states.

"A program of grants should be undertaken to provide, under State auspices, specialized training for the professional personnel necessary to carry out the expanded program and to foster that research which will advance our knowledge of the ways of overcoming handicapping conditions.

"We should also provide, under State auspices, clinical facilities for rehabilitative services in hospitals and other appropriate treatment centers. In addition, we should encourage State and local initiative in the development of community rehabilitation centers and special workshops for the disabled."

Our Committee has long urged these very same procedures. We have seen the aged crippled rehabilitated so that they could take care of themselves, return to their homes and even return to work. It can be done. Much of the know-how is available. Our Committee welcomes the new Federal program which will encourage the State not to restrict its work in rehabilitation to that which can be financed by Federal grants alone.

The cost of medical care weighs heavily on the aged. Multiple ailments are common. Extended illnesses are frequent. Terminal diseases are often costly.

Fortunately, an increasing number of our aged are being covered by voluntary health insurance. Studies made indicate a surprising proportion are

covered, considering that there are so many restrictions in many insurance plans against covering those over 65. However, group Blue Cross coverage is being continued by many plants for their retirees. Additionally, younger members of a family are covering parents into Blue Cross as dependents. And some of the plans are becoming less restrictive about age as experience accumulates that their medical costs are not as staggeringly high as imagined.

There are three main proposals in this field:

1. **That the Federal Government through a re-insurance proposal help the private health and hospitalization plans expand their coverage to include the aged.**
2. **That the Federal Government extend the OASI to cover major illness costs in later life.**
3. **That local welfare departments be encouraged to enroll all OAA recipients under the private plans.**

The problem of health insurance for our aged ranks among the major issues in gerontology. Unfortunately, not enough data are available to our Committee to make any recommendations, at this time.

In our last report, our Committee stated that the greatest single hazard to human life in the Nation is obesity and urged that a widespread nutrition program beamed at our middle-aged and elderly be undertaken.

As reported in a paper published elsewhere in this book, a study in 1948 among 1,000 homemakers showed that in the age group 60 and over the diets were all below recommended allowances for all nutrients except niacin.

Part of this reflects faulty early dietary habits, and a current lack of flexibility in approach to diets, plus a real difficulty in obtaining an adequate diet on the income available to the aged.

New evidence of dietary habits of the aged is coming forth. The study of 100 aged sponsored by the Westchester Council of Social Agencies reveals that:

1. **Regardless of economic status, the eating habits of the elderly are similar.**
2. **Outstanding lack in the diets was food group containing yellow and leafy green vegetables.**
3. **Intake of milk and citrus fruits was also below desirable level.**
4. **Adequacy of protein intake was questionable in 34% of the cases.**

In our last report we pointed out "our fat, frightened and fatigued are the especial victims of those selling diet pills, hormone pills, liver pills, pep pills and a host of other patent medicaments." We condemned the "colossal nonsense being advertised in behalf of vitamin pills, yogurt, blackstrap molasses, and weak potency vitamin concentrations in high potency alcoholic mixtures."

Now we recommend that our Committee in cooperation with the appropriate committee of the New York State Medical Society review the horde of sensational advertisements directed to the middle-aged and aged, determine whether any of the products so advertised are harmful, and determine what action should be taken by the appropriate Federal or State agencies to curb the harmful or misleading advertisements and sale of harmful geriatric products.

We also strongly recommend that our State and local health departments give high priority to nutritional material suitable for our upper-age bracket citizens. A new pamphlet, "Facing Facts and Figures," issued by the State Health Department this year, and providing guidance on reducing weight, is the kind of material that is urgently needed by our middle-aged and elderly.

Nursing Homes

Today, some 12,000 persons are cared for in nursing homes in our State. An estimated three-fourths of these persons are 70 years of age or more. And half of the patients are public assistance recipients.

Our Committee naturally has a deep concern that standards of fire and sanitary protection, as well as of levels of nursing care, be at least adequate.

The State Legislature by Chapter 455 of the Laws of 1951 granted authority to the State Social Welfare Department to establish rules regarding the buildings, equipment and standards of care of private proprietary nursing homes, convalescent homes, and other such institutions; and to set up a system of certification of nursing homes, as distinct from licensure. The department has since issued rules on these subjects, and maintains a small staff which inspects the homes.

The State Social Welfare Department's approach is geared mainly to education of nursing home owners, to show them how to raise their standards. The difficulty with an iron-hand approach is that if nursing homes are closed, there is no place in which the displaced infirm can be placed. For this and other reasons, the department has moved through

inspection and education to improve standards in these homes.

In a paper presented elsewhere in this report, an account is given of a splendid cooperative educational venture of the State Department of Social Welfare and Cornell University in conjunction with nursing home operators.

Our Committee, alarmed at findings in other states that individuals with criminal records have gone into the nursing home business, which often involves care of the helpless, believes that serious study should be given to a proposal that nursing home operators and their staff be required to be finger-printed. This will not assure any higher standards of care, but it will tend to prevent persons with criminal histories from engaging in such responsible enterprises.

Accidents

Although in previous reports we have mentioned the great opportunity that confronts the State to develop a safety program for the aged, we now should re-emphasize that point.

Accidents constitute a major threat to the life of the aged, outranking every other case of death excepting only cardiovascular diseases and cancer. About one-fourth of the 100,000 annual tolls in lives taken by accidents in our country occur among the 65-and-over age bracket.

Safety groups, both private and public, have been markedly remiss in not seriously addressing themselves to the accident problems of later years. Our State's own Division of Safety needs to be alerted to the fact that the death rate from accidents reaches its highest level at ages 65 and over. At that age, the death rate is three times that at ages 45-64, almost four times that at ages 15-44.

Most of the accidents are due to falls and motor vehicle injuries. According to insurance data, most of the falls were traceable to stairs and steps.

By launching a "safety for senior citizens program" the State could undoubtedly contribute materially to reducing the mortality rate due to accidents.

Behind the cold blue-prints of the John T. Kenney Apartments, state-aided public housing project in Newburgh, N. Y., lies a heartening story of warmth and comfort brought to low-income aged. The blue-prints on page 31 show the 2-room and 2½-room apartments reserved for the elderly and specially designed for them. They rent from \$32.25-\$34.75 a month for the living room-dining room and kitchenette type of apartments, and from \$33.25-\$36.75 for the bedroom, living-room and kitchenette type.



New standards for nursing homes require fire-protection devices, such as fire escapes, sprinklers, etc.

In apartments like these live a retired policeman and his wife who formerly lived in a crowded flat with their children; two elderly sisters on welfare rolls; an elderly couple who lived in a drafty, cold flat using a coal stove, kerosene heater, and an ice-box. In the Kenney Apartments, typical of those designed for the aged in state-aided public housing projects throughout the state, the aged are furnished with automatic heat, a refrigerator, and electric range, and the rental includes all utility charges.

Housing the Aged

The action by the State Housing Commissioner in setting aside at least 5% of new State-aided apartments especially for the aged has aroused widespread acclaim both here and abroad. It has also aroused the criticisms of a few who argue that what we need is not apartments for the aged but more apartments for everyone and in that way the aged will obtain their share.

Our Committee believes that the goal of more housing for all groups is an idealistic goal with which few would quarrel, except that it is unrealistic. If the Housing Commissioner had not set

aside the specially designed apartments for the aged, the aged would have no apartments. If we wait until a great number of apartments are made available for all, the aged would not obtain a fair share in any event, since in our society in all such matters whether it be housing, or employment, or recreation facilities, the aged are shunted aside and do not receive a fair share of the community's facilities.

Our culture is one of competing pressures. The aged will not get a fair share of the housing facilities unless special emphasis is given to their needs, unless special measures are taken to prevent the rest of society from pushing the needs of the aged to the background.

Too, in an area as complex and costly as housing, the piece-meal approach of providing housing to meet the special needs of especially needy groups is not undesirable.

It is argued that the 5% quota system is rigid and inflexible. This overlooks the fact that the 5% set-aside rule of the State Housing Commissioner is only the minimum provided; in actual practice, the percentage set aside varies with communities.

Our Committee wishes to reaffirm its hearty endorsement of the policy of the State Housing Commissioner in setting aside apartments for the aged, and to commend the State Division of Housing for its initiative in establishing specially designed apartments for the elderly, a policy that has aroused considerable attention in many parts of the world and has put New York State far out ahead of other states in our country.

The set-aside policy is not intended to be the complete answer to housing the aged.

Many of our elderly need other types of accommodations.

The State Division of Housing has pursued a policy of encouraging limited dividend projects to provide apartments for the elderly, and has secured the cooperation of private building companies wherever possible to provide apartments for the aged. It has also sought to include in public housing projects a research program in geriatrics in cooperation with hospitals and medical schools.

Private enterprise in our State has shown what it can do to provide suitable quarters for low income elderly. The Rochester Management Inc., a non-profit company set up by banks and other financial interests, has leased from the city of Rochester for \$1 a year an ex-GI housing project and is using the apartments to house the elderly at low rentals.

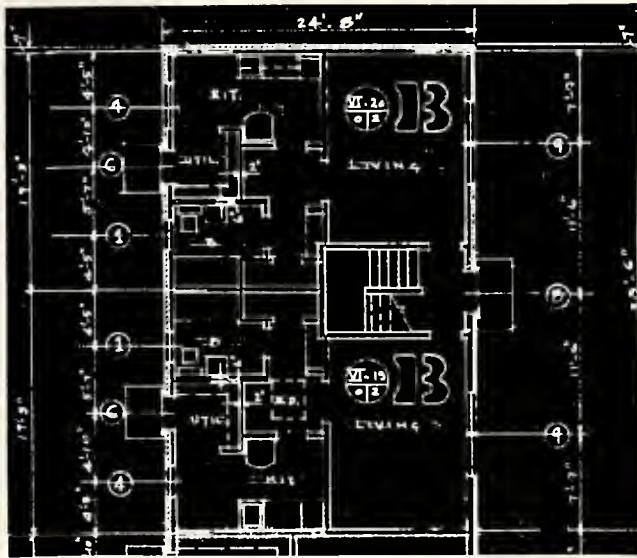
Housing for the aged can be provided on a vast and diversified scale under existing legislation in any community in our State.

For example:

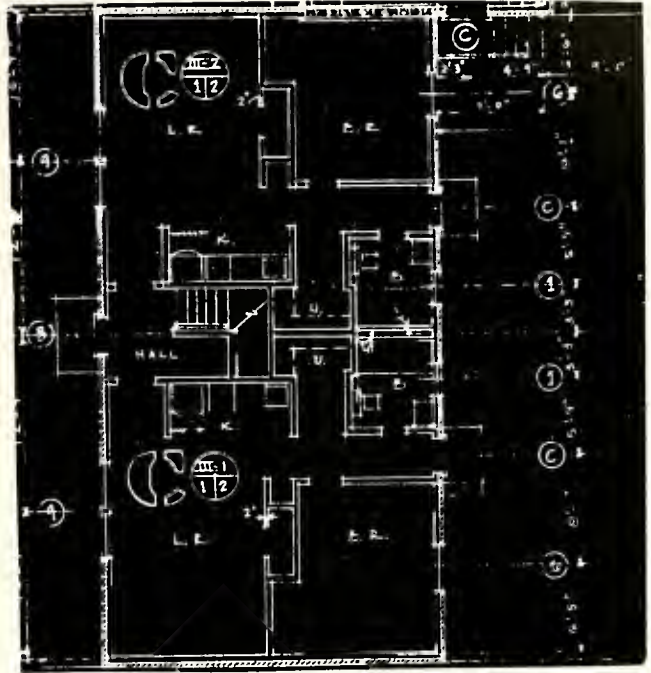
1. Today, any group of citizens, or any philanthropic organization, can obtain FHA-guaranteed mortgages for construction of apartment houses, garden-type buildings, cottages or other types of housing for the aged by raising a 10% minimum down payment.
2. Cooperative housing for the aged can be constructed with the aid of existing Federal and State legislation.
3. A plan sponsored by our Committee chairman some years ago, enables cities to condemn slum buildings and rehabilitate them. New York City, under section 384-15.0 of its administrative code, is now authorized to acquire and rehabilitate deteriorated buildings. Under this provision, the local welfare department could condemn property, rehabilitate it, and use it as apartments or boarding homes for persons on old age assistance, for example.
4. An existing statute gives cities the right to exempt in whole or part from taxes for a specified number of years old law tenements which are rehabilitated by their owners. Under this statute, cities can encourage private enterprise to modernize old buildings to house our elderly, and offer a real financial inducement, exempting from taxes either the cost of the modernization or even the entire property.

To provide more housing for the elderly, our Committee recommends:

1. The Federal Government amend its policy of excluding the elderly from federally-aided housing projects by its definition of the term "family".
2. The Federal Government follow the Stichman plan by setting aside at least 5% of the apartments in federally-aided projects for the elderly.
3. The Federal Housing Administration in return for granting mortgage guarantees requires that in suitable projects at least 5% of the apartments be reserved for the elderly.
4. State loans up to \$50,000,000 but without subsidy be authorized for construction of new facilities for the aged by non-profit institutions. The reaction of conservative financial quarters to this proposal has been favorable.



Blue-print of state-aided public housing project apartments for aged in Newburgh, N. Y. Above is combination living-bedroom and kitchen; right is living room, bedroom and kitchenette.



Mobility and the Aged

Today, old folks move southward and westward; young families not only move southward and westward, but from cities to suburban areas, while older couples move from suburban communities to the cities; and aged farm couples or widows move from rural areas to villages and nearby cities.

Our population is being shuffled up as never before. The full impact on our old folks of the automobile and airplane, increased leisure time, greater income, expansion of industry west and south, social security and expanded span of retirement, is little understood.

Yet implications of this migration are tremendous.

The shifting from one location to another often leaves a trail of unhappiness. The family as a service unit breaks down. An aged father may have to prepare his own meals, find his own recreation outside the family, care for himself in time of illness.

We have in a previous report emphasized the financial cost of shifting; the distance itself often becomes an obstacle to maintaining the spiritual and service values of the family.

An aged mother may become terribly insecure when her married daughter leaves town for some other community, throwing the mother on her own resources. And out of this mobility comes a call for the community to step in and substitute for the missing family member; a Golden Age club may

fill the need for recreation; a home-making service may be needed to replace the help otherwise provided by children when a parent is ill.

There are few definitive studies to guide us. We do not know what proportion of our older people live in the same community as their children. We do not know the degree of physical separation of old folks from their grown children, nor the extent or depth of psychological separation imposed by physical separation.

However, intergenerational family ties are at least on the surface apparently growing looser. When children emerge into the working force, they are likely to disperse to the four corners of the country, leaving the older folks alone. Or the older couple, on retirement, move away from their hometown and children to sunnier climes.

A job opens up on the West Coast. Should the grown son and his family move there? What about his dependent father who lives with him? He doesn't want to leave his old friends and old neighborhood. If the son leaves his father, the cost of support of two separate establishments may become too heavy. In any event, whether or not the parent is dependent, guilt feelings and attitudes of rejection are likely to develop.

The three-generation family is breaking up. Two new family organisms with loose ties between each develops in its place. Grown children lose the benefits of advice and aid from their parents. The old folks lose the joy of helping to raise the grandchildren or become assailed with feelings of insecurity,

as they realize they cannot fall back on their children in case of emergency.

Each generation must develop substitute supports. There may be a substitute grandfather, a substitute grandchild. Emotional props may be obtained through work or friends or activities. The modern growth of Golden Age clubs and other programs for the aged may be attributable in part to this remarkable movement inter-state, intra-state, intra-metropolitan area, inter- and intra-country, inter-regional, intra-regional in character.

Any marked move by industry to decentralize its plants, any dispersion of firms due to the threat of atomic warfare will certainly accelerate this separation of older generation from the younger generation, the separation of grandparents from grandchildren, the separation of old folks from grown children. It would thus appear that these developments make it even more urgent than ever to plan ahead for new type of services for the aged. For, atomic war or not, it seems quite certain that the intra-continental shuffling of our people is likely to be accelerated for many years to come.

Once across the great plains of our country caravans of brave pioneers made the trek west in wagons and on horseback. Today a great new migration is underway. This time the flow of migrants is southward and southwest. And they go in trailers, cars, buses, trains and planes. And the migrants are elderly, seeking not to open up a new country, but to open up a new and final chapter in their lives.

About 300,000 old folks migrated south during 1940-50, with California receiving the greatest number of them, 130,000.

New York State in the same period lost 56,000 elderly to this southward trek, Illinois lost 31,200; Pennsylvania, 2,500. Twenty-five other states and the District of Columbia sustained net losses during the decade beginning in 1940.

The 10-year loss of 56,000 is of no really great concern in relation to the 1,400,000 and more aged in our state. However, the in-migration of these and other elderly to some of the southern states is of great importance to them.

The three states getting most of the aged migrants are:

1. California
2. Florida
3. Texas

The aged migrants come primarily from the Great Plains, the Midwest and Northeast.

Prof. H. L. Hitt, of the Institute of Population Research, Louisiana State University, reports that available evidence strongly suggests that migration is becoming an increasingly important force in redistributing our elderly citizens.¹

Why this intra-continental shifting about in later life? The answers are to be found among such factors as:

1. The beneficial impact physiologically of warmer climate on aging circulatory systems.
2. Lack of ownership or control of property by the aged in the continuum of the transition from rural to urban society, enabling aged to move from one region to another.
3. Lack of definite place of the aged in community's social structure, stemming from prejudice against old age.
4. Fluidity of labor force results in professional, skilled, and unskilled workers failing to develop roots in any single community.
5. Mass communication media has enabled more people to learn advantages and disadvantages of various sections of the country.
6. Increase in compulsory retirement and pension programs, and decrease in self-employment free more elderly for migration.
7. Establishment of social security has encouraged migration, assuring steady source of income, without regard to residence requirements.
8. Break-down of three-generation family units has operated to free elderly couples to migrate.

Look Before You Migrate

Although the proportions of New York State aged who migrate to California and Florida each year are small, there is reason to believe that this trend will not only continue but will increase.

It is important therefore that our middle-aged and aged who plan on moving south be alerted to certain facts.

The sun is a pied-piper. But the sun cannot cure the gnawing hunger of the soul for love and companionship. Many older people who go to Florida to live their sunset years suddenly find they miss their old neighborhood, their old friends, and their families. They wither away in sun-baked loneliness.

The older person thinking of moving South had best decide whether he is the type of person likely to get along in a strange community far away from his old friends and neighbors, and whether he has enough funds to live there.

¹ *Migration Trends Among Older People*, by H. L. Hitt, presented at Sixth Annual Meeting of the Gerontological Society, Inc., Aug., 1953.

Transplanting a flower, a tree or a human being is a delicate art, not to be undertaken lightly or crudely.

Even as winter's icy finger creeps down New Yorkers' backs, there is need to emphasize that while the southern states are grand for vacations, retirement there without first at least giving it a trial run is risky. Even in mid-winter there is plenty of warmth in the spirit of our New York communities that will be missed by the aged who go the unfriendly new environments in the South.

Our Committee files, since we first made public the need for re-appraising retirement down South, have bulged with letters from New Yorkers who went to warmer climes for retirement and were soon disillusioned. New York State truckers reported they not only take truck-loads of furnishings South, but take truck-loads of furnishings belonging to disappointed retired back to New York State. Others can't afford to come back.

Typical letters received include:

Florida educator: "Search of faces in St. Petersburg discloses many a desperately lonely individual."

Ex-New Yorker, now at Lakeland, Fla.: "I want to go home to New York State. I am 80 years old."

Tampa, Fla., retired salesman: "Most food costs are higher, citrus fruits excepted; much of the food is inferior."

Miami, Fla., retired ex-New Yorker: "Worst mistake I made was retiring here. Costs are sky-high. State seal should have been outstretched palm rampant on a field of cash registers."

Dunedin, Fla. businessman: "About four months are quite desirable. However, one must have heat much of the time to dry the house as a result of excessive dampness; mildew is omnipresent."

The illusion of Florida as a happy playground for sunset years must be evaluated realistically. Florida can be expensive for pensioners. The costs for a retired-elderly couple living in modest circumstances in Jacksonville, for example, are, according to U. S. Government figures, higher than in New York City or Buffalo, none of which lays claims to being low-cost communities.

Even the sun has its drawbacks, for our Committee has received complaints that sun is often too hot for the aged, or shines too brilliantly for comfort of their eyes. Humidity, gnats and mosquitoes are drawbacks there as elsewhere.

We therefore emphasize the need for "trying it out," first, before retiring permanently in the sun-

nier climes. The older person would do well to use his vacations before retirement to determine if he would adjust to retirement in the South.

Apart from the problem of personal adjustment, there are very serious considerations stemming from state policies and resources. For example, our Committee finds that California has certain definite advantages over Florida that prospective retirees should consider:

1. In the case of indigency, California is almost 70% more liberal in grants than is Florida.
2. California's progressive social-economic attitudes are more akin to New York's than are Florida's.
3. Cost of housing in boom-time Florida is higher than in California.
4. California's employment service has a far better record for obtaining jobs for older job seekers than has Florida's.
5. California's adult education system encourages the aged to find new fun and adventure in learning, to learn how to live happily in retirement, whereas Florida lacks an adult education program, specifically designed for retired folks.
6. California has a great variety of housing facilities for the elderly ranging from high cost apartment hotels for the elderly to non-profit cottage arrangements, whereas Florida is just beginning to provide suitable flats.



Twelve apartments specially designed for the aged are included in Kenney and Bourne Apartments, two state-aided public housing projects in Newburgh. Electric instead of gas ranges are a feature of these apartments, which call for a base monthly rent of from \$32.25 to \$34.75 including heat and utilities.

7. California has some of the greatest medical experts on the aging and some of the finest medical facilities for the aged in the country.
8. California's standards for nursing homes and old age homes are uniformly higher than those in Florida.
9. California's local communities have developed programs for the elderly whereas such activities in Florida are only just beginning.
10. California's economic resources are so diversified and strong that a recession would less likely leave the aged stranded, whereas Florida's lop-sided economy would be severely strained should a recession set in.

We are concerned that states that set up a policy that can only be described as "plucking the pensioners," are likely to bring disaster upon themselves as well as the aged. Florida, for example, today lacks the financial resources to support the aged who, whether due to illness or inflation, may become charges on the state; already over a third of its aged are on relief rosters, compared with one-tenth in New York State.

Fortunately Florida has before it a blue-print developed by one of its own agencies, providing for state-action for the aged quite akin to that developed by our own Committee. We feel certain that translating the blue-print into a concrete program will immeasurably improve the state's position as a haven for the retired.

The reaction of California and Florida to this presentation of facts has been illuminating.

California state officials, fearful lest our Committee direct a horde of indigent aged to their state, denied they were "liberal" in grants, and quite properly pointed out that they have a stiff five-year residence requirement for eligibility.

"We're no dumping ground for people other states do not want," said Lt. Gov. Goodwin J. Knight, now acting Governor of California. Similar statements have come from the California social welfare director and other government figures there. That state has been under such pension pressures that any statement at all that discusses old age brings shudders to the sensitive state officials.

Florida officials, instead of pointing to the fact that a comprehensive blue-print was on their desks to improve their resources and programs for the aged, let loose a "rebel yell" and a series of defensive proclamations. For example, Former Governor Doyle E. Carlton of Tampa said: "Florida is as well equipped as any state to take care of every need." Chambers of Commerce unfurled their mimeograph machines and issued proclamations of rebuttal. On

the other hand, thoughtful St. Petersburg Times, while not agreeing wholly with our conclusions, said, "Maybe (this) blast will be the shot in the arm which we needed."

Older Persons in Family Life

The role of older persons in our families has been undergoing changes, sometime subtle, sometimes gross. Not only are grandparents gone from the family homestead, but the family homestead is gone too. And the way of life associated with three-generation families has gone.

The frenzied motif in modern life is reflected in the hurried pace of the modern grandparents. Years ago, grandma bedecked in a shawl, would sit contentedly in her rocking chair, knitting a sweater for her grandchild. Today, grandma is likely to be learning the samba, attending a club lecture, or flying down to Florida for the winter or a weekend.

Is this change bad for grandparents and society? The answer is not easily obtained.

New ranch-type houses today are designed so that old folks are virtually barred from living with their children. And, as a matter of fact, old folks today reflecting their independent status, do not want to live with their children. And is this bad? For the older folks or for the children? We do know that many of the children are plagued with guilt feelings when they do not want to or cannot have their parents live with them.

Grandparents who are deprived of close association with their grandchildren feel pangs of pain at the loss. As one elderly woman informed the Committee, "Our lives seem so empty now. And I wonder why we went through raising a family when now we cannot even get to see them except once or twice a year."

It is out of changes in family life such as these that emerge the need for Golden Age clubs and day centers for the elderly. For these activities provide a family substitute and a feeling of belonging that the change in family life has denied them.

Despite the severance of the older generation from its offspring and its offsprings' offspring, there remains a firm residue of almost magnetic quality which binds grandparents to their children and grandchildren. And we see it best perhaps when we see how many different types of arrangements have been worked out to keep the three generations together.

What does the grandparent have to offer the modern family unit? Shall we cynically answer: baby sitters and bottle washers, inexpensive cooks, maids and furnace tenders? Undoubtedly these are some of the reasons grandparents are retained in some family units. They are useful. But the older

persons offer something more important though less tangible. It is a three or four generation span perspective, a more mature approach to life, a sense of integration and judgment, a reservoir of experience, a sense of unity of life, and of the inevitability of the different epochs of the life cycle which promote better planning and more intelligent approach to life. And the fond grandparents provide the love and affection and attention so essential for the young grandchildren.

The challenge for American culture is to retain the grandparents within the family circle, even if not directly in the home at all times, as the family unit adjusts to evolving living conditions.

Marital Status in Later Life

More older people are marrying than ever before, and second marriages after 65 are increasing.

A survey of trends of marital status of old folks in New York State.

1. More older people are marrying than ever before.
2. Nonetheless, only a small percentage of bachelors and spinsters who reach 65 marry.
3. Second marriages after 65 are increasing.
4. Fewer men over 55 are becoming fathers.
5. Women are less likely to remarry in their later years than men are.

Widows 65 and over outnumber widowers that age by more than two to one in New York State. Part of this difference is undoubtedly due to the higher mortality rate of men in the upper age brackets.

Despite the fact that the widows outnumber the widowers by over two to one, twice as many elderly widowers remarry as do widows! Men are more likely to remarry in their later years than women are. During the past ten years remarriages of widowed men and women 65 and over have increased almost 90%.

The annual average marriage rate of bachelors 65-plus has increased during the past ten years over 50%, while the marriage rate of spinsters 65-plus has increased 33%. However, elderly bachelors and spinsters are still not the marrying kind. For example in upstate New York alone we have 34,027 males and 45,967 females 65 or more who are single. Yet in 1950, only 40 bachelors 65-plus married, and only 34 spinsters that age wed.

We find that even though the marriage rate of elderly spinsters and bachelors is increasing, the chances of a bachelor 65-plus marrying is 1½ in a

1,000; the chances of a spinster in that age bracket marrying is even lower, two-thirds of one chance in 1,000!

There is some indication that old folks, like younger people hold off marrying during depression years.

Divorced folks who reach senior years are less likely to remarry than are those who were widowed. Only 103 men out of 2,462 men 65-plus who remarried at 65 or more in 1950 had been divorced.

While most elderly bachelors and spinsters who marry do so between 65 and 69, there appears to be a vacillating core of single aged who can't make up their minds until they are 70-74, and even some who wait until 75 or later.

During the World War II years the birth rate for fathers aged 55 and over was 1.7 per 1,000 males 55 and over, but has decreased since to 1.4.

Old folks are marrying in increasing numbers due, we believe, to two basic factors. One, the establishment of social security provides some measure of economic stability for elderly who wish to marry. Two, our old folks are ignoring old-fashioned notions that just because they are old they do not need companionship and love.

In years gone by many elderly were imprisoned by community attitudes which kept them lonely in their later years. These attitudes seem now to be crumbling.

There is reason to believe that lowering the age of eligibility of women for social security to age 60 instead of the present 65 will result in some increase in marriage and remarriage rates in the upper age brackets.



Choral groups, orchestras, and other musical units bring happiness to the aged.

Recreation for the Aged

Our Committee has seen in various recreation centers in our State a rebirth in the aged of an inner spark which has revitalized the weary, destroyed the pangs of loneliness, replaced depression with new hope, new ambitions.

Here in groups meeting perhaps in a church basement, a school meeting room, a day center, the aged have found with people their own age a common purpose, understanding, empathy. Latent talents have been brought to the surface. Here they play cards perhaps, swap stories, dance, play musical instruments, and as they become secure in their relationships and regain confidence in themselves, they begin to learn new skills, new hobbies, undertake civic ventures.

The day centers have been "homes away from home" for the aged, whose "homes" are often a drab rented room. They have opened up a new life for the elderly. And this new activity program, call it recreation or what you will, has according to research undertaken by the New York City Mayor's Committee on Aging resulted in a "significant decrease in total clinic attendance six months after registration."¹

No one we know of has come away from the day centers or recreation centers in the state less than impressed with the contribution they are making to the well-being and happiness of their members.

Recreational facilities for the elderly have mushroomed up all over the State, because they meet a real need of our aging and aged in our urbanized culture.

Our Committee believes that it is no less important that we encourage recreational centers for oldsters than that we provide recreation centers for youngsters.

Our Committee recommends:

1. The State encourage the establishment by localities and private groups of recreational facilities for the aged, and to this end the State Education Department should be authorized to employ a person skilled in group work with the aged to promote day centers and recreation clubs for the elderly throughout the State.
2. That the larger cities in the State investigate the desirability of establishing day care centers in lieu of or in addition to clubs which meet perhaps once a week or even less frequently.

3. Every effort be made by the State Education Department to eliminate the snag in New York City where suitable teachers of crafts, hobbies, arts and skills of various sorts suitable for recreation centers for oldsters are barred because they lack the formal education requirements for academic instructors.
4. Every local recreation department develop special facilities for oldsters, such as lawn bowling, checkers, croquet, horseshoes, etc.
5. That State parks make available similar facilities for oldsters wherever possible and that such facilities be publicized so that more oldsters will take advantage of them.
6. That the State develop a comprehensive recreation program for persons of all age groups, so that special emphasis on one age group, whether youth or the elderly, will be unnecessary.

Senior Citizens Month

Experience gained in guiding Senior Citizens Month on a limited, experimental basis in 1952, and on a state-wide basis in 1953, now provides some basis for an evaluation of the effectiveness of such an effort.

Our conclusion:

Senior Citizens Month is a sound tool for any State or private state-wide agency in this field to employ in order to gain "bonus" results from year-round efforts. But it is no substitute for a 12-months schedule of activities. Unless backed up with a January-through-December program, it can degenerate into a mere publicity campaign with no tangible benefits for the aged.

Properly organized, a Senior Citizen Month campaign offers unrivaled opportunities to State and local groups for interpreting the needs of the aged, for demonstrating their abilities, for strengthening local committees and programs for the aging, and for reaching the public in a 31-day "blitz" barrage capable of blasting a community out of its complacency.

Our Committee issued:

1. **A Fact Book** containing basic data about senior citizens.
2. **A Newsletter** sent to 2,500 persons working with and for the aged in New York State.
3. **What's Your Problem, Senior Citizen?**, a resource guide designed to answer basic questions of older persons.

¹ Reprint of the New York City Mayor's Advisory Committee for the Aged, Vol. 12, Oct. 1949-Oct. 1953. "A Study of Clinic Attendance Among Members of Day Centers for the Aged," by David Talmas and Harry A. Levine, June 30, 1953, p. 11.

4. **Advertising Council type of kit containing copy and mats for advertisements to advertising managers of all local newspapers.**
5. **News stories to the daily and weekly press in the State.**
6. **A suggested program guide for use of local groups.**

Some of the High Lights

In a rural central school, teen-agers in an art class painted posters in a state-wide contest ostensibly to dramatize the concept that "birthdays don't count," but really to encourage youngsters to think. A state-wide essay contest was also used to get children "involved and participating" in efforts to break down prejudices against the elderly.

In an upstate city, businessmen operating a non-profit housing company announced they were taking over an ex-GI housing project for the purpose of housing old folks. And during the month, a public employment service office conducted an experiment in placement of part-time workers past 65.

New York City's famed hobby show for the aged, sponsored by the Welfare and Health Council, drew record-breaking crowds. Libraries held special events for the elderly. A brave health officer of an upstate community called on his city to set up a geriatric unit in the local hospital. Old-age homes held "Open House." And Golden Age clubs and day centers throughout the State conducted special events.

Arthur Godfrey, Ted Steele, Mrs. Franklin D. Roosevelt and many other TV personalities and columnists gave "The Month" public support. Cardinal Spellman and other religious leaders aided in arousing the interest of lay and religious groups. Editorial writers and editorial cartoonists hammered home the needs of the elderly. Press releases poured forth from State and local groups. Kits of speeches, TV and radio interviews were issued by the State Labor Department, State Adult Education Bureau.

A resource guide for senior citizens was issued, and just one mention on Martha Dean's WOR (Mutual) program resulted in 729 requests for it. Some 534 children were tested on their stereotypes about the aged. Elderly folks, seeking to earn an income by improving the design and marketing of hand-crafts, were given the benefit of personal consultation with expert merchandisers and designers by a local council on the aged, in cooperation with our State's Women's Program.

These are but a few of the diverse activities that highlighted the month. Big cities and small cities; State officials and village trustees; public and pri-

vate agencies—they all joined in a cooperative endeavor to focus attention on the needs and abilities of senior citizens.

"Old Age a Treat—Not a Retreat"

The theme of the month was expressed by Senator Thomas C. Desmond, our Committee Chairman: "Let us make old age a treat instead of a retreat." The slogan caught on.

Objectives of the month were three:

1. **To help old folks become aware of existing resources which could help them lead happier lives.**
2. **To develop positive attitudes in communities toward the aged and break down myths prejudicial to the aged.**
3. **To help in development and expansion of local programs for the aged.**

An Interdepartmental Advisory Committee to our Committee pooled suggestions for maximum use of State facilities. Local committees were alerted three months in advance, and their advice sought. A suggested blueprint for local action was distributed. In Rochester, Mrs. Thelma Ellis of the Council of Social Agencies, one of the bright stars in community organization work for the aged in our State, quickly initiated a city-wide plan by effective delegation of responsibilities to practically every known resource in the city, and by setting up a coordinator of integrated local activities.

Came May 1! Governor Thomas E. Dewey teed off by officially proclaiming Senior Citizens Month and outlining the State's pioneering program for the aged. Mayors in some 30 cities followed with their own proclamation. One mayor offered free meeting facilities in a public building as a local Senior Citizens center. From then on, one activity followed another. There was a profusion of communion breakfasts, service club luncheons and banquets of community groups. During Health Week, activities were geared to health of the aged, during Mental Hygiene Week, which also comes in May, activities were slanted to the mental health of old folks.

Some communities with poor leadership had to work harder than those with strong active groups. Efforts were uneven around the State, as might be expected, depending largely on the calibre of the personnel involved. We don't know how many jobs were opened for old folks as a result of **The Month**. We don't know how many persons altered their views about the aged. But we do know this:

Senior Citizens Month provides an excellent springboard for research, for obtaining support

for new services for the aged, for interpreting the needs of the aged, and for mobilizing all community groups in a cooperative, team relationship in behalf of the aged.

State-wide Poster Contest

With the cooperation of the State Education Department, a State-wide poster contest sponsored by our Committee during the past year was held in the various high schools in the State.

The contest was designed to arouse the interest of the younger generation in such concepts as "Birthdays Don't Count," and "Old Age Can be a Treat Instead of a Retreat." The contest was an outstanding success judged from the interest aroused among the schools.

However, it had an unexpected interest for gerontology. For it gave our Committee a revealing portrait of what the bobby-soxers think of as an "old man."

Invariably, the young artists depicted an old man as an unshaven, bald, bewhiskered, bent fellow with a cane!

The youngsters' conception of an oldster is a cruel caricature of our vigorous, dynamic senior citizens. Their idea of an old woman is somewhat more kindly. She is depicted generally by the students as a sort of benign grandmother-type, white-haired, sweet, with an old-fashioned front-buttoned sweater, and a tendency to sit in a rocking chair.

The posters drawn by the youngsters raise the question as to whether one generation can really understand another, whether youth can understand middle-age, much less old-age, whether even middle-age can appreciate the problems of later years. It seems certain that a great deal of fundamental education is necessary at all age levels to get across the life-cycle concept that each age has its challenges and opportunities, and that the older, golden years need not be a period of decay, but a climax to living.

What bobby-soxers and others fail to understand is that our aged of today are a new type, that the new drugs such as penicillin bring our people to old age without many of the pathological injuries or great accumulation of toxic poisons of past eras. They are therefore more vigorous, dynamic, alert.

Winners in the state-wide poster contest were selected not only because their art techniques showed skill, and their posters showed imagination, but also because they "eliminated the negative, and accentuated the positive" about our old folks.

The winners were:

1st prize—Mr. John D. Ehlers, Jr., Haverstraw High School, Haverstraw, N. Y.

2nd prize—The Misses Beverly Corlew and Suzanne Austin jointly, Fort Anne Central School, Comstock, N. Y.

3rd prize—Mr. Frank X. Wright, Middletown High School, Middletown, N. Y.

4th prize—Miss Dianna Ingels, Smithtown Branch High School, Smithtown Branch, N. Y.

Students awarded honorable mention were: Miss Ellen J. Graham, Depew High School, Depew, N. Y.; Mr. Richard Hollister, St. Joseph's Academy, Albany, N. Y.; Miss Alice Holgerson, Fort Jefferson High School, Fort Jefferson, N. Y.; Miss Millie Campbell, Churubusco Central School, Clinton County, N. Y.

State-wide Essay Contest

Because of a deep conviction that the youth of the State need to be alerted to the potentials of old folks, and to their abilities, our Committee also sponsored a State-wide essay contest.

With the assistance of the State Education Department, all high schools in the State were invited to have their pupils participate in writing an essay on "What Old People can and do Contribute to Community Life."

The essays, unlike the posters, elicited a picture of able, hearty, kind oldsters who were helping their families, themselves, their communities.

The essays appear to have required more thought by the youngsters. While the posters could depict but a single theme, the essays painted word pictures with many facets of the contributions being made by the elderly.

Prize winners were:

1st prize—Marjorie Churchill, Oakfield Alabama Central School, Batavia, N. Y.

2nd prize—Kathleen Hanlon, Victor Central School.

3rd prize—Joan Woywood, Cossackie-Athens Central School.

4th prize—Joanna Roberts, East High School, Buffalo, N. Y.

Those who were awarded honorary mention were: Nancy Curtis, Red Jacket Central School, Manchester, N. Y.; Jean Hunt, Middletown High School, Middletown, N. Y.; Joan Keller, Chatham Union School, Chatham, N. Y.; and Carolyn Johnson, Oakfield-Alabama Central School, Oakfield, N. Y.

Local Hearings

In an unusual example of public-private cooperation, our Committee invited member agencies of the

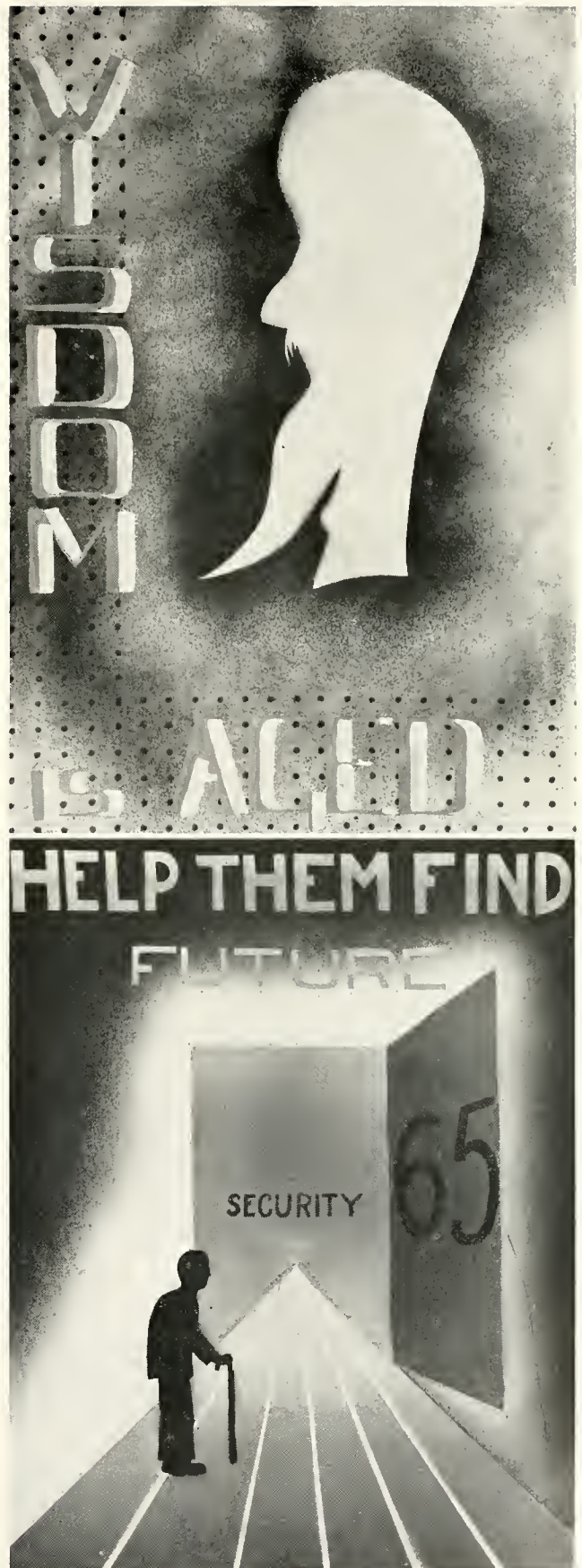
New York State Association of Councils and Chests to conduct public hearings in their respective communities in behalf of our Committee.

As this report is prepared two councils have already held such hearings, one in Rochester, the other in Watertown, and others are planning to follow suit in the near future. Both hearings held so far by the local councils have proven to be of value to our Committee and also, apparently, to the local councils, and the local communities.

In extending this invitation to the local agencies, our Committee Chairman said:

"We are extending this unusual invitation not only because we believe that only through joint public and private agency cooperation can the problems of the aging be properly handled, but also because it is impossible due to limitations of time and funds for our Committee to hold hearings in all parts of the State. Too, we believe that by having local people hold this hearing for us, we shall be able to strengthen your council's work with the aged."

Prize winning posters by high school students in New York State in Senior Citizens Month contest sponsored by our Committee.



Our Committee asked the councils to focus attention mainly on local problems, local facts, local action but not exclusively, as we are interested in any recommendations for State action and State legislation.

The results of the Rochester hearing were summarized in an editorial in the **Rochester Democrat and Chronicle**, Jan 9, 1954, as follows:

Now, Action for the Aging

"Well-qualified Rochesterians spoke their pieces at Thursday's hearing here on the problems of the aging population.

"It was a state hearing; the findings and opinions will swell the Desmond committee data, and eventually will become the basis for helpful legislation.

"But this does not mean that Rochester must now relax and wait for the State to do something. The hearing provided ample and excellent material that could be used as a guide to local action.

"What can we do?

"One suggestion at the hearing was to set up a program unifying and directing all the present various projects to aid older citizens. Another was for the establishment of a centrally-located information center for the aged in Rochester.

"The two go hand in hand. Definitely, the many well-meaning Rochester programs should be centralized; just as definitely, our older residents should have a single, well-publicized place to go to for information of all sorts—health, jobs, recreation, housing. This would not be difficult to accomplish . . . it is purely a physical matter. It would require only cooperation and a recognition that the problem of the aging population is so important that separate group approaches must take the form of mass response.

"The above suggestion is obvious and basic . . . but only mechanical. It does not begin to answer the problems of creating a happier, easier, busier life for a bloc of residents which—if experts are right—soon will constitute as much as 30 per cent of our population.

"But there was evidence at the hearing that there is thinking in the right direction. One suggestion was for a new type of institution combining best points of hospital, home and

workshop-recreation center. Another was for expansion of the excellent Cobbs-Hill-type housing project. Those are samples of progressive thought.

"The important point is that there has been a meeting of minds . . . good minds. If this is followed by action in any of many inviting directions, Rochester could well find itself leading the Nation in a critical new field of social endeavor."

The value of such hearings is well shown by this thoughtful analysis.

We believe that in many, though not all, areas of socio-economic problems, the technique of private-public cooperation, of State-local cooperation, through use of the public hearing, conducted by local councils of social agencies, is capable of aiding both the State and the localities. We commend its use to other legislative committees.

The use of locally conducted hearings is but one in a continuing series of private-public cooperative acts initiated by our Committee during its existence, ranging from cooperative research, cooperative pilot projects, and cooperative educational work, to cooperative work on policy formation.

Two Local Surveys

Two important reports were made during the past year on the problems of the aging by local agencies:

1. "New York City's Senior Citizens—Our Most Neglected Resource—Our Most Important Challenge—Our Greatest Opportunity," by the Mayor's Advisory Committee for the Aged, New York City.
2. "Report of Study of the Needs and Problems of the Aging in Westchester County, including those who are chronically ill," by the Westchester County Council of Social Agencies.

Both reports are splendid documents, containing great amounts of data of value to our Committee. Both include many research papers which will require intensive study by our Committee. Both place deserving emphasis on the need for local action, and show no hasty inclination to thrust responsibility for action upon government, or upon State or Federal governments, unless warranted. Each report contributes substantial new material on the needs of our elderly, particularly the low-income aged.

State Committee on Aging

An increasing number of states are setting up various types of committees and commissions on the aging. Some of those established earlier have ceased to exist, others have expanded their responsibilities.

Because of the nation-wide interest in this subject, our Committee lists here some fundamental principles for establishment and operation of a sound State committee on aging. This in a sense is a follow-up to our report last year which contained a brief guide to community organization for the aged.

There are four basic principles that need to be followed in establishing a State committee on aging:

1. The principle of adequate advance preparation

Those state committees that did not involve the various interested groups in their states, those which did not in advance of establishment of the agency prepare the public adequately, by showing the need for such a group, or those which failed to obtain support from key civic leaders, key political leaders, and the principle media for dissemination of knowledge were likely to have numerous difficulties.

2. The principle of individuality in organization

The organization of each state committee should not follow any set pattern, but be based on local needs, local traditions, local power sources. The organization of such committees, whether it is to be for example an inter-departmental committee, a joint commission or a legislative committee, or a Governor's committee of citizens should depend on the pattern of organization customary in the various states. The organization type is also dependent on the intensity of interest and experience of any state department, and on whether a state has a tradition of strong governors and weak legislatures, or vice versa. The organization type is also dependent on the stage the state has reached in evolutionary process in this field; that is, it is unwise to impose a full-blown organization on a state substandard in health, welfare, mental hygiene, employment security services generally.

3. The principle of individuality in function

The types of state committees on aging are (a) survey type, dealing with problem identification, (b) policy-making type, essentially concerned with setting state policy in this field, (c) integration type, which brings various state, local, public and private agencies together to work as a team in this field,

(d) administrative type, which has specific administrative responsibilities for carrying out parts of an old age program, (e) leadership type, whose responsibility is largely that of mobilizing public opinion behind a program, and of providing state-wide leadership in the old age field, largely through educational or pilot project techniques, and (f) combination of above types. The function of any committee should be related to the needs of each state.

4. The principle of flexibility

The state committee should if possible have biennial financial support to preclude annual emergencies and recurrent crises annually as to the continuation of the group. The state agency should have statutory authority so as to strengthen its position. The type of operation should of course be dependent on function. It should be empowered to use an inter-disciplinary staff or advisory group. It should establish a two-way communication system with local groups. It should be careful about usurping functions of the various regular departments. It should be required to report periodically to the general public and various specialized "publics" interested in the aged. It should not permit itself to be diverted by the tempting trivia in this field in order to attack the most urgent issues. It should be established on a nonpartisan basis.

Acknowledgments

The advances being made for the aged could not possibly be achieved without the noble sacrifices being made in their behalf by many outstanding citizens who are devoting their time, effort and funds by serving on local committees on the aging, on boards of old age homes, and on boards of local agencies dealing with the aged.

We wish it were feasible to inscribe their names on an honor roll. For they are rendering invaluable service to humanity as a whole, to the strengthening of our free enterprise system, and to the advancement of man as a social being.

We are indebted to them for helping our Committee in our research, in our stimulation of local community activities. They have given us the benefit of their sound judgment. Unfortunately we cannot hope to name all of those who in village and city have aided our efforts.

We especially are indebted to the National Social Welfare Assembly's Committee on Aging for providing forums for interchange of views. And we are particularly indebted to the Community Service Society of New York which, through its consultant on services to the aged, Miss Ollie A. Randall, has

enabled us to raise our sights as to inherent potentials of the aged themselves and as to potentials of our communities to aid the aged.

Our gratitude goes to the members of our Advisory Committees and officials of the various State departments who have provided information and guidance, to Mr. Albert J. Abrams who directed the work of our Committee and drafted this letter of transmittal for our review, and to Mr. John A. Ruskowski who aided greatly in the preparation of this report and in the work and studies of our Committee.

To all those who helped in keeping the cost of our Committee to a minimum by lending us their service free and freely, by lending us without cost photographs, color plates, research materials, and technical services, we express our deep appreciation, in which our taxpayers join. We wish to thank espe-


cially **Today's Health** magazine, the New York State Commerce Department and the New York State Health Department for their assistance in making color plates and illustrations available to us at no cost to the Committee.


Our Committee also would like to acknowledge its indebtedness to many businessmen, social workers, and housewives who have been particularly helpful to us in our work.

Above all, we are indebted to the elderly whose sparkle and cheer midst an often gruff growly society has given our own Committee inspiration, and has enabled our Committee to understand the real value of its work. We feel particularly obligated to the many aged themselves who contributed their energies that the work of our Committee might go forward successfully.

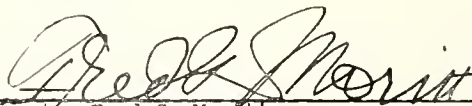
NEW YORK STATE JOINT LEGISLATIVE COMMITTEE ON
PROBLEMS OF THE AGING



Senator Thomas C. Desmond, Chairman

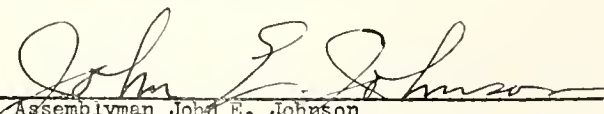

Assemblyman Harry J. Tift, Vice-Chairman

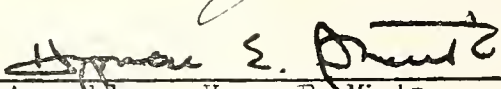

Assemblyman Bernard Austin, Secretary


Senator S. Wentworth Horton


Senator Fred G. Moritt


Senator Frank E. Van Lare


Assemblyman John E. Johnson


Assemblyman Hyman E. Mintz

Understanding Our Older Persons

By Dr. Edward B. Allen

Psychiatrist, Westchester Division, New York Hospital

THE physician is aware that social, economic, political, climatic and even religious problems, as well as physical, arise in the care of the aging who become infirm or chronically ill. But his training and resultant duties necessitate his focusing his attention to the preservation of the physical health of his patient and the relief from suffering and impairment as far as possible associated with the organic diseases. He is compelled with this exacting task to leave the social and environmental factors to others.

The psychiatrist, assisted by the physician with the physical factors, plays a somewhat broader role

Sewell Avery, (below) 80-year old chairman of the board of Montgomery Ward & Co., and the lady at the right proudly modeling an apron depict the manifold variations among the aged.



as he has to study and understand the total personality of his patient. He likewise has to leave many of the social and economic problems to others.

But he has to spend more time with his patient than the physician and generally enters into a closer interpersonal and confidential relationship with him. He has to give close attention to the subjective as well as the objective components of his patient's personality. He has to form an understanding, sympathetic identification with his patient, but avoid sentimentality. He must not over-react in the patient's defense nor intensify the patient's fears with a stern or aggressive condemnation of what he disapproves. He studies not only the behavior of the patient, but he also familiarizes himself with his patient's thoughts and, what is even more important, learns how the latter feels and why.

Feelings During the Life Cycle

It is these thoughts and feelings of the aging that I wish to stress at this time and also to trace their evolutionary development. At puberty the instinctive drive for propagation or race preservation is more or less quickly super-imposed upon the previous instinctive drive for self preservation which has necessitated attention to growth, development and self defense. Some conflict inevitably arises in youth between these two instinctive drives. If this conflict becomes too acute, it leads to perplexity; the victim seeks relief in withdrawal from the realities of life, flees from the responsibilities of reproduction, and may build up a delusional and even hallucinatory defense against them. Such reactions are usually schizophrenic in character.

In the involutional period the more or less adequate adjustment between the instinctive force for self-preservation and race preservation, maintained through middle life, is no longer adequate and the establishment of a new physiological adjustment and psychological attitude is required.

The instinctive drive for race-preservation abates, somewhat reluctantly, and the more fundamental drive for self-preservation now reasserts itself more consciously. The person passing through this involutional period becomes more aware of self and frequently somewhat less concerned about others. He begins to perceive and often fear that he is aging. It is difficult for him not to resent that change is inevitable. Silently he tries to determine how many more years of his life span are left him. Having weathered the storms of adolescence, he has for many years been absorbed with the problems of the present and has had relatively little time to think of the past or the future. He has successfully faced reality. But now he is compelled to change his philosophy and his formed conditioned response.

If he becomes unduly disturbed or apprehensive, his personality reaction is generally emotional and depressive in character, rather than schizophrenic. He may distort reality and exaggerate his limitations, but he does not replace his environment entirely with one of his own phantasies.

Many individuals blessed with a well integrated physical constitution and with little sclerotic change in their cerebral arteries continue free from memory impairments, preserve their zest for living, still externalize their affections and live into the seventies, eighties and possibly the nineties, active and alert. Others are less fortunately endowed, both physically and psychologically, but they may continue to function with varying degrees of adequacy. From a physical point of view, a man is as old as his arteries, but what are the associated psychological correlations?

Your Psychological Age

While many of these psychological phenomena may be considered as neurotic or as evidence of psychosomatic problems, or even of psychopathology, let them also be looked upon as evidence of senescence without psychosis. Let them be also considered as problems which can be understood and treated extramurally by the thoughtful physician who is willing to take time to listen to them as they are revealed by the aging patient. They are the phenomena that are disclosed by a careful and painstaking history rather than by the laboratory or the physical examinations, although the latter should always precede the interview in which this phenomena is elicited.

Often the first indication of senescence occurs around the age of fifty. Fatigue is the initial and most frequent complaint. Next, there is an inability to function as efficiently or as rapidly as before. It takes the older person longer to recuperate than it did when he was younger. The biological factors seem to precede the psychological. In men there is a gradual decrease in strength, skill and endurance which is also reflected in a gradual diminution of sexual prowess or potency. Although desire may remain, it is apt to be more intermittent in character.

With women the first concern following a sense of fatigue is an awareness of the gradual loss of physical attractiveness and concern about being no longer able to bear children. Sexual desire may show no appreciable diminution. Both sexes are aware of more conscious effort in obtaining the gratifications of former years, physical, sexual, mental, social and economic. With such feeling of frustration, visceral tensions and dysfunctions appear.

Constipation, pyloric and intestinal spasms, flatulence and complaints of indigestion arise. Frequently the victim will exclaim, "I can't eat the things I used to."

Impact on Personality

- On the psychological side external stimuli lose their zest and novelty. A cynical attitude develops towards the anticipations that formerly caused pleasure. As age advances and there is increasing difficulty in remembering names and events, some consolation may result from a feeling of justification in recalling there are more names and events to remember. But the senescent gradually becomes loath to add to the accumulations of his knowledge. As the duration of his earthly existence shortens, he seeks compensation by retreating to his prolonged past and to reminiscing. But even this leads to difficulties. As he grows older, his associates of former years pass on to the great beyond, and he has frustrations in finding anyone of sufficient years to recall "the good old days" with him.

Many aging people, who have turned from the religious faith of their fathers under the competitive rivalries and economic stresses of middle age, seek consolation again as they think of the "Hereafter." To some this may appear as an illusional compensation, but to more it is comforting to think they will be with their loved ones again in a better world. Nature effects changes of temperament and resultant emotional compensations where science offers only stern realities.

The senescent gradually becomes aware that some change is taking place within him. Often an anxiety arises and an associated fear that something of a physical nature is radically wrong. The anxious individual hastens to his physician, but in spite of the latter's reassurance, he is sure that the physician has overlooked something. He leaves the doctor's office indignant that all examinations have proved negative. Before consulting another physician he may listen to radio or TV advertising, read of some panacea in a magazine or be informed by a friend of what is a "sure cure." When such vicarious therapies prove ineffectual, fear becomes paramount in this aging individual's mind. He anticipates invalidism, cancer, a possible operation or even death. In a highly agitated state he may consult the same or another physician. If the physician has the courage to recommend a psychiatrist, he is apt to lose not only the confidence of the patient but also of the members of the patient's family. The patient is indignant at the inference that there is anything wrong with his mind. His relatives assure him it cannot be, for there was never any insanity in their family. The patient and his asso-

ciates are unaware of the emotional factors involved in this objectively intangible illness. The physician may be aware of the emotional situation, but he is frequently at a loss how to proceed. Under such circumstances a tactful psychiatrist may be able to allay the anxieties and enable the referring physician to remain the family counselor. They should work together in harmony.

The aging individual may fall into the hands of a quack or a cult, or he may give up his work and remain at home a chronic invalid, complaining of fatigue, weakness, nervousness, inability to leave the house and of visceral tensions, palpitations or urinary frequency. He may even simulate symptoms which lead to unnecessary operations. Or he may try to overcompensate by denying that there is anything wrong with him and annoy others with his repetitious insistence that he is as competent as ever. His emotional inadequacy may be further displayed by evidence of resentment and jealousy directed against people younger than himself. Under such tension he may develop vascular hypertension and some day drop dead from cardio or cerebral vascular disease.

If our aging person is a woman, she may disguise beginning atrophies of the skin and resulting wrinkles with cosmetics. She may even dye her hair. When subterfuges fail, she may develop complaints referable to the cardiovascular, gastrointestinal or genital system. Thus, with a repetitious recital of her aches and pains, largely the result of her inner tensions, she may, at least for a time, attract the attention and sympathy of her family and friends. In this way she seeks a compensatory recognition for what she previously accomplished through sexual attractiveness. Eventually, like her male counterpart, after she has outlived her family, who have exhausted themselves through constant attendance upon her, she may end up in a home for the aged, or a mental hospital, still demanding attention, but less vigorously than in former years. A man may be equally vain of his appearance and in an endeavor to keep up his prestige and maintain economic security may attempt to conceal his baldness with a toupee and a midriff bulge with an abdominal belt. Both the man and the woman have now become the slaves of their mirrors, where formerly they could look into them with a masterful vanity.

One of the greatest sources of embarrassment and one that frequently entails painful misunderstandings for the older person is to have his children or the younger generation look upon him as a sexless individual.

Both men and women as they grow older frequently have to repress what might be considered

consistent emotional attitudes towards members of the opposite sex because of prevailing social taboos. It is important to remember that some persons suffer little reduction in their sexual functional capacity up to an advanced age and that most retain some personal interest to the end of their lives. There is greater variability reported for sex activity throughout maturity than for many other functions of the body. Thoughtful reflection and careful consideration should be given to the restrictions we place upon the biological urges of others. The inference should never be drawn that they are necessarily like one's own.

In homes for the aged the strict segregation of the sexes often provokes unanticipated complications and undue emotional frustrations. Provision should certainly be made for married couples to live together.

Frustrations often present greater problems than conventional gratifications of instinctive urges. When a sexual misadventure befalls an older person, the threat he anticipates of failure, ostracism or social retaliation is likely to precipitate in him the fear, guilt, apprehension and remorse to which he has long been conditioned; these in turn may lead to neurotic patterns of anxiety, hypochondria, compulsion or depression.

After fifty a gradual diminution in sensory acuity often occurs. This frequently manifests itself in impairments of audition or vision. The ability to maintain one's level of social acceptability or to have one's opinions and attitudes remain appropriate to those of the community is maintained only through adequate interchange and effective communication with one's social environment. When these sources of interchange and communication become inadequate through failing hearing or vision, the individual tends to more or less isolate himself. As Cameron expresses it, a "social disarticulation" takes place. He points out that partial isolation, when it eliminates daily conversation with others, leads to misinterpretations and suspicions which, if uncorrected, become distorted and leave the isolated elderly person with increased anxieties, fear and discouragement.

Organic Mental Illness

Having stressed the functional personality disorders of the aging, brief reference should be made to the organic mental illnesses that eventually ensue for all human beings if they live long enough. Although the senile psychoses seem to be decreasing, the psychoses associated with cerebral arteriosclerosis are increasing so markedly that the psychoses of old age as a whole are showing a definite rise and are becoming the leading problem in psy-

chiatry. Although the etiology of cerebral arteriosclerosis is still obscure, heredity and the tensions arising from environmental stress contribute an influence. There is a frequent lack of correlation between the severity of the mental symptoms and the extent of the cerebral damage. It is important to study these aging patients as persons who break down because of two sets of factors—personality problems and degeneration of brain tissues. The former may be reversible conditions, the successful treatment of which will modify the more static influence of the latter.

In a clinical approach we must distinguish between psychotic and nonpsychotic patients and between senile and arteriosclerotic patients. In general, the greater the functional element present, the better the prognosis. The symptoms should not be studied or treated as distinct clinical entities but should be properly grouped into syndromes, and attention should be given to the timing of their onset as well as to the rapidity and evolution of their development. Often the variations in the blood supply to the brains of cerebral-arteriosclerotic patients leave them intermittently psychotic. Their lucid moments should be capitalized on when questions of competency or the necessity of carrying out some business transaction arises. Their lack of judgment when psychotic makes them often dangerous to themselves, to others, and sometimes to property, but it also leaves them vulnerable to the unscrupulousness of others.

When delirious or disturbing to others, they are best treated in a mental hospital in a quiet environment in which they can be more effectively handled without undue drug sedation or medication. The essential therapy consists of proper fluid and nutritional intake, proper elimination and a careful balancing of rest and exercise. When nonpsychotic and not too severely physically handicapped, they should be kept busy. The greatest obstacle in effecting this is a sense of fatigue and lack of interest. Many patients may recover some degree of functional efficiency and return to their homes. Detailed observations in cases of questionable diagnosis are necessary. Many are more alert than might appear on superficial observation, are aware they are inadequate and preserve some degree of intellectual integrity.

Knowledge of these facts will not only prolong their lives but will make them more comfortable and give the physician the satisfaction of knowing that he has restored some of them to a productive status in their community. Physicians should use their influence to persuade legislatures, industrialists and those with more individual interests that this is possible.

Stresses That Attack Older Persons

By Dr. Jeanne G. Gilbert
Consulting Psychologist, Brooklyn, New York

EVERY individual is subject to certain stresses throughout his lifetime. Some of these stresses may occur at any age but some will be specific to certain age groups. Thus, some will be peculiar to the period of childhood; others will be prominent during adolescence; and still others will be most evident during the period of later maturity and old age. Today we are concerned with those particular stresses that attack older persons.

We might say that there are two main sources of stress for older persons: those that occur from within the individual himself—that is, those that are due to changes within the organism; and those that arise from the environment.

The stresses that occur from within the self are the result of the physical, emotional and mental changes that are part of the aging processes. As change in one part of the organism affects the functioning of other areas, we find an alteration of the smooth running of the whole machine with resultant stress to the individual. Physical changes, for example, are inevitable if one lives long enough, and yet these are often accompanied by emotional upset, particularly in those individuals who have always set great store by the physical side of life. Just the changes in general appearance are enough to cause many older persons considerable concern. They view with dismay their balding or graying hair, their increase in bulk (particularly when this increase in bulk is differential and they see the approach of the “middle-age spread”), their wrinkling skin and their loss of youthful freshness.

The Attack on Ego

Physical changes likewise involve a decrease of strength, endurance and speed and an increase in the time it takes to recover after over-exertion or illness. It is often not easy to accept the incontrovertible fact that one is slower in doing things than he used to be, that he does not have as much actual physical strength, that he cannot last as long, and that he must rest oftener and for longer periods of time. To some these are the forerunners of complete physical decline and decrepitude and consequently arouse fear and anxiety.

The decline of the efficient functioning of the sensory mechanisms, particularly those of vision



Many aged, with little background in reading, find it difficult to start late in life to find relaxation and new adventures through books.

and hearing, occasions distress to many older persons. Some healthy personalities can joke about “the increasingly smaller print of the telephone books” or “the inaudible mumbling of the younger folks today”, but others experience mounting tension when they find they cannot see things or hear things as well as they used to. To some the wearing

of glasses or a hearing aid is quite traumatic when it is felt that it presages the onset of old age.

Perhaps the greatest physical stress that accompanies the normal aging process, however, is the climacteric. The warning or loss of sexual power is a blow to the ego, and it is a blow which arouses intense anxiety and compensatory desires in many individuals. It may arouse feelings of decreasing desirability and attractiveness to the opposite sex, feelings of uselessness that one is no longer able to reproduce and serve the race, and general feelings of inadequacy. Of course, many individuals are able to withstand these stresses because they have developed other areas of satisfaction in life, but those who have always considered the physical areas, and particularly the sexual aspects, all-important find these normal physiological changes difficult to accept.

Added to these physical changes which normally occur as part of the aging process we have also the insults and injuries suffered by the body throughout the years of living. These may result in an acceleration of the aging process so that we find abnormally early signs of decreased efficiency in the functioning of the organism, or in an increased susceptibility to the chronic disabling physical conditions so frequently found in later life. Even though remarkable progress has been made and is still being made in the knowledge and treatment of these chronic disabling physical conditions, they are still very prevalent and promise to remain so as more and more persons reach the later years of life. They constitute a very special and real stress to those in the older age groups, and undoubtedly this stress is aggravated by unhealthy emotional reactions.

In the final analysis, it is evident that while physical changes do occur and do constitute a real threat to older persons, it is how these changes are accepted that is the important thing. Some older persons with an emotional lack of acceptance of physical changes react with a complete denial of them, and attempt to prove their nonexistence by excesses of physical over-indulgence of various sorts. Sometimes the result is a heart attack because of the inability of the organism to withstand the extra strain put upon it.

Others react by passively accepting or grossly over-emphasizing physical changes and illnesses and using them for their own purposes. The threat of a heart attack or a stroke, for example, serves as an excellent medium for controlling a wayward and neglectful family and centering attention upon oneself. What better area too than the physical one for rationalization? The old person would just love to do certain things his family wants him to do but he just can't because he is not well enough, or is not strong enough, or has a heart which can't

stand the strain, etc. Actually, reactions of this sort are a form of aggression designed to control the environment and perhaps also to punish those in it. The end result is usually a dissatisfied, depressed old person.

Fortunately, well adjusted aging persons are able to deal with the physiological stresses that are part of the aging process as effectively as they have been able to deal with other stresses they have experienced throughout their lives. These individuals show a real acceptance of the changes which are taking place, neither over-emphasizing nor under-emphasizing them but letting them take their rightful place in the normal scheme of life and dealing as well as possible with each physical problem as it arises.

Physical changes, however, whether normal or abnormal, do not constitute the only source of stress arising from within the individual. Changes in intellectual functioning also occur as part of the normal aging process. Normally people do not grow stupid as they grow older, if they ever had any intelligence to start with, but they do show changes in their ability to make efficient use of their native intellect. They tend to slow up in speed of thinking, acting and learning. They can and do learn new things, but learning is slower and requires greater effort. They are likely to remember the things and events of by-gone days but to forget the new, to become less flexible and adaptable, and to show less desire to learn new things. Sometimes the decline of motivation serves as a defense against the stress occasioned by the difficulty of learning new things and the less satisfactory results as compared with the younger years. Thus, we find some older persons who refuse to attempt to learn anything new on the expressed theory that "you can't teach an old dog new tricks".

They use their "aging intellect" or "loss of memory" as an excuse for not accepting the new, for not doing what they do not want to do, and for not remembering what they want to forget. Others react in an entirely different way, completely denying any intellectual changes and insisting they are more efficient mentally than they ever were. These may resort to fabrications and distortions to hide their memory failures or to projection onto others of their own lacks in this area. Thus, some may fill in gaps in half-remembered stories from their own imagination or blame others for hiding or stealing articles they have lost or mislaid. These reactions serve as a protection against the blow these incidents offer to an already insecure ego.

A slowing up of speed and efficiency of learning is normally expected with advancing years, and the intelligent and well adjusted older person will accept these along with other normal changes and try to compensate for them in the best possible

way. He will not let his learning ability atrophy through disuse but will take the required extra time to learn new things and make use of all the short-cuts to learning which he has acquired throughout his life. He will try to make use of his creative imagination and other abstract abilities which do not decline so readily with age, and he will try to make efficient use of the knowledge and experience he has acquired during his years of living. He will make every effort to keep up to date and to maintain a forward-looking attitude toward life in order to withstand in the best possible way the stress occasioned by the normal loss of efficiency of mental functioning with advancing years.

As physical and intellectual changes are taking place with advancing age so also are emotional changes arising to produce stress. However, it would seem that the life pattern of the individual is perhaps one of the most important factors in determining the rate of emotional decline. Bad patterns of living and of emotional reactions which have been built up throughout the years tend to become intensified in later years and these, combined with the normally expected changes in the personality, result in maladaptive reactions to stress emanating from the environment or from the normally expected physical and intellectual changes.

Normally there can be expected a decrease in the elasticity of the personality. The ego tends to become more rigid and emotional responsiveness more stereotyped and shallow. The developing psychic rigidity and the decrease in the efficiency of ego-organization make adjustments and readjustments to life more difficult so that many older persons tend to cling to the old and well known rather than attempt the new and untried. This often serves as a defense against the anxiety which occurs when the aging individual encounters something new which he does not understand or is unable to cope with. In addition to increasing psychic rigidity and inelasticity in the personality, it would seem that some decrease in the strength and intensity of the emotions and also of emotional control can be expected with advancing age. These normal changes in the personality, and particularly the emotions, naturally produce stress in the older person, but in the final analysis it is the personality which has been weakened by unhealthy emotional patterns of living and reacting which cannot withstand the stresses arising from other areas.

Stresses attacking the older individual from the environment are especially trying to the aging personality already weakened from the stresses provoked by the physical, mental and emotional changes occurring during the normal aging process.



The human need for friends is met at day centers and Golden Age clubs. Here Mr. Harry Berkowitz, president, Long Beach Golden Age Club, assists Mrs. Jonas Klier, a club member.

Many of these environmental stresses are unavoidable; some can be eliminated; and some can be alleviated by greater understanding and planning on the part of society in general, on the part of families of aging persons, and on the part of the aging individual himself.

Retirement normally occurs in later maturity when the majority of persons still feel fairly fit. It is something which many younger persons look forward to with pleasure and which many older persons initially accept with a feeling of gratification as they hear the tributes paid to them at the retirement dinner. Unfortunately, the end result is not always as anticipated. The temporary ego-building effect of the pretty speeches is soon lost, only to be replaced by the ego-destroying attitude of society. The prestige once held by virtue of a good position is soon forgotten and opinions once revered because of economic or executive importance are soon considered of little consequence. Unless retirement activities have been definitely and constructively planned for, the ensuing inactivity soon becomes wearisome and engenders dissatisfaction. The dissatisfaction is particularly evident if there is insufficient income to continue

living in the manner to which one has become accustomed and there seems to be no way in which to supplement this income. When one feels fit and has the desire and capacity to work it is a serious blow to the ego to be put on the shelf and branded as useless by society.

The loss of a job through reasons other than retirement—perhaps even because of an age limit in firms which have no retirement plans—offers a still more serious blow to the ego. The difficulties in finding new employment when one is older and out of a job, and the rebuffs experienced in the search of one are well known. There is the threat both to the social standing and to the economic independence of the older retired or unemployed individual. Naturally, the frustrations attendant upon these stresses result in feelings of inadequacy, anxiety, tension, inferiority and general emotional upset. The well adjusted, of course, will find ways of dealing with these stresses by diverting their interests and activities into constructive, satisfying channels, but those individuals who are less adequate and strong may become irritable and cantankerous and either turn their aggressions outward toward family or friends or inward toward themselves. They may try to bask in the glory of past achievements or use devious means of gaining or keeping control of the household in order to maintain some vestige of their former power. On the other hand, they may internalize their feelings of inadequacy and worthlessness. With some, despondency and depression may become so severe that they resort to self-destruction.

In addition to unemployment and its attendant economic stress and emotional upset, there is also the matter of change in family status. This change may be the result of unemployment or the loss of a marital partner or both. In any case there are unique stresses for the older person to meet. He must adjust not only to the loss of a companion, perhaps of many years standing, but he must also adjust to the loss of his position as head of the household. The dependency, both economic and emotional, which he may have feared becomes a reality. Instead of being the breadwinner and head of his own home or, in the case of a woman, the mistress of her own home and the center about which the household revolves, he now becomes a guest in another's home. He no longer has the power he formerly enjoyed but must bow to the wishes of another, younger person whom he may still consider a rather irresponsible child. Because of his semi- or complete dependency he may not even be a very welcome guest. Particularly if he lives in a city where space is limited, he may have no privacy or place of his own to entertain his friends so that he seems to be con-

stantly underfoot and in the way when the younger generation wants to entertain friends.

His prestige gone, he feels useless and unwanted, and perhaps a little hurt that all he has done for his offspring has resulted in such apparent ingratitude. He may become anxious, irritable, tense and demanding, and he may try in all sorts of ways to hold power.

Aggressive reactions to keep control over offspring may be open or disguised and vary from nagging, fault finding and bickering to the use of illness, pleas for gratitude or sympathy, or an apparently meek but really clutching dependency. Sometimes the parent-child roles become reversed and the offspring now treats the parent as he feels that he himself was treated as a child, and if this was not to his liking the parent may be in for a rough time of it. The old person may also react now to his offspring in the same manner in which he reacted to his own parents when he was young and thus re-experience many unresolved emotional conflicts of his youth.

Loneliness and Death

Another stress to which many older persons are especially subject is loneliness. Anyone of any age can be lonely, of course, but when one is old it is more difficult to make new friends, and it may be quite traumatic to see one's old friends die off one by one. Associations with younger persons and with clubs for older persons can help this to some extent, but loneliness still remains a major stress for the aging individual.

The final major and special stress to which older persons are subject is death. Death may come at any age, we all know, but in youth it seems far away and is generally unexpected whereas in old age it is always something which is just around the corner. Seeing their friends and contemporaries die and noting their own gradual decline in various areas brings to mind forcibly the thought that one's own death cannot be far away. Naturally this creates considerable anxiety and fear in many oldsters, particularly if they have developed no satisfactory philosophy of life and death.

Any one of these stresses we have just discussed—stresses arising from the aging process itself or stresses arising from social or economic discard, from loss of contemporaries and consequent loneliness, from change in family status, or from the fear of approaching death—is enough to cause emotional upset in an individual. When we consider, then, that the majority of persons are subject to most if not all of these stresses in later life, we can readily see that there is a real need for special agencies to help them cope with these problems.

Personality Patterns of Old Age

By Dr. Samuel B. Kutash

President, Society for Projective Techniques and Rorschach Institute, Inc.

THE existence of this Joint Legislative Committee so ably headed by Senator Thomas C. Desmond testifies to the increasing importance of extending our knowledge of the so-called process of normal aging and particularly concerning what happens to the personality in the course of an individual's growing old. As we are becoming a society of oldsters the need for developing scientific

knowledge about the psychology of the older person is rapidly becoming imperative. Clinical psychologists are in the midst of developing as one of their specialties the field of **gerontological psychology** which may eventually become as important as the specialty of child psychology.

When we see such oldsters as Sir Winston Churchill, Bernard Baruch, Grandma Moses, and a



host of others continuing to contribute much to society and still leading and creating, we cannot but be impressed with the possibilities of man's twilight years being psychologically among his most fruitful. At least in some individuals, enthusiasm, zest, and creativity usually associated with the prime of life extends far into senescence. On the other side of the picture there are numerous examples of old people who are institutionalized for no reason other than the fact that they are old and have become an emotional burden on their families.

The psychologist has long engaged in research into the differences between normally adjusted and poorly adjusted personalities and recently has extended his efforts to the field of gerontology. He has concerned himself primarily with the problem of delineating, through psychological study, those personality characteristics and changes which are normal in the aging process, and distinguishing these from the atypical and abnormal personality maladjustments and disruptions which are more frequent in the aged.

The Rorschach Test has been found by most clinical psychologists to be the most valuable instrument for the dynamic understanding of the total personality functioning of an individual. It is perhaps the most widely used clinical test for the purpose of individual personality study.

In 1941 a National Advisory Committee on Gerontology appointed by the then Surgeon General of the United States, Dr. Thomas Parran, held a conference in Washington on "Mental Health in Later Maturity." Dr. George Lawton, a psychologist specialist in gerontology, noted at that conference that the Rorschach test held "promise of usefulness at the senescent level" but he added that this possibility had been explored only slightly.

Since then the Rorschach test has been applied rather widely in hospitals, clinics, homes for the aged, and social agencies for the study and diagnosis of senescent problems but there are only about six systematic investigations using the Rorschach test to study "Personality Patterns of Old Age." Fortunately, these studies show such a high agreement in their findings as to make it possible for us to discuss to some extent personality patterns of old folks as uncovered by the Rorschach and thus to provide useful information concerning what happens to the personality in the normal process of aging. Also, the skilled clinical use of the Rorschach by a thoroughly trained and competent clinical psychologist is certainly feasible with older people and can be considered a highly suitable technique to include in any battery of tests for the pur-

pose of evaluating and appraising the personality of an older person, for whom treatment, rehabilitation or guidance is being planned.

Three Characteristics of Old Age

Herman Rorschach himself, the Swiss psychiatrist who originated the ink-blot test which bears his name, delineated three major signs on the test which were characteristic of normal old age. These, translated into behavioral terms, by Walter G. Klopfer, indicated first that there is a diminution of the capacity of old people to make use of their inner resources and a weakening of their reactions to emotional challenges; second, there is a lessening of perceptual acuity and a somewhat lowered level of intellectual efficiency; and third, there is a highly restricted thought content, demonstrating a narrowing of the range of interests.

Whether these are primarily reactions to the special economic, social, and psychological problems faced by older people or whether they are inherent and inevitable concomitants of aging was not made clear and required further study. It is reasonable to assume that biological, physiological, social, psychological, and other factors play a role in the development of the above reactions in older people.

In 1946 W. G. Klopfer gave the Rorschach to 50 people over 60 years of age, 30 of them drawn from the Home for the Aged and Infirm Hebrews of New York and 20 of whom were chosen as a non-institutionalized group of old people for purposes of comparison with the others. The ages ranged from 26 to 93 with a median age of 74 for the institutionalized and 73 for the non-institutionalized group. From this well planned study Klopfer concluded that the process of aging seems to bring about the following pattern in the majority of cases:

"In the intellectual sphere, aged persons are generally slower, less productive, and less efficient than individuals of equivalent capacity in the general population. Though they are still able, for the most part, to deal adequately with the practical problems of everyday life, they have a great deal of difficulty in organizing their experiences for future reference and are not interested in abstract and theoretical things or the formation of original ideas.

"This loss of intellectual efficiency is the result in most cases of emotional disturbances which are either created by the problems of aging or are an accentuation of problems present throughout the individual's lifetime. In

some cases, it is due to psychoses characteristic of old age, such as senile dementia or psychosis with cerebral arteriosclerosis.

"Moral support tends to give them greater security and thereby raises the level of their performance. The special problems of these old people seem to make it somewhat difficult for them to think along those lines conventionally accepted by the population as a whole. Thought content in general is rather restricted and often approaches stereotypy. Intellectual ties are adequate in most cases, but somewhat loose.

"The old people's capacity for making use of their inner resources appears to be diminished. When they do respond to inner promptings, it is to the more restrictive, suggesting a regression to a more infantile level of functioning.

"There is no consistent way in which they respond to emotional challenges. Some of the old people are egocentric, labile, and highly responsive. Some do not respond at all to affective stimuli. Most may have some basically egocentric emotionality, but rigidly inhibit their reactions. Some show their basic responsiveness by reacting to the subtler emotional implications present in the environment.

"Most of the old people do not have good mechanisms for forming relationships with others. They are critical of other people and find it difficult to make social contacts."

The Prados-Fried Study

In a later study Prados and Fried applied the Rorschach to 35 representative "usual" older persons ranging in age from 50 to 80 with the objective of contributing normative data on the test for older age groups to "help the clinician to distinguish the phenomena of senility from those forms of decline that are likely to appear in the course of normal aging" and to "assist the gerontologists in their effort to revise some current concepts of the abilities, needs and problems of the older and old persons and to substitute investigations for notions based too frequently on assumptions."

They asked the following specific questions: "In what manner and to what extent does age drain the resources of imagination? Is it possible to define a crucial age period around which deterioration of the imaginative powers is likely to occur? Does the amount of anxiety decrease or increase with age and

what are the specific manifestations of anxiety? In what manner does the older person try to cope with his environment? Does he withdraw from stimulation and responsibilities?"

The research was designed in such a way as to permit the gaining of insight into the successive development from one age level to a higher and still higher level covering the decades from 50 to 60, 60 to 70, and 70 to 80. The major conclusions showed that "there is no single crucial age period during which a general adaptation to the processes of aging is likely to occur in the personality structure." Rather different adaptations occur at different age levels. There are individual differences within each age group and the members do not show a homogeneous pattern.

"The anxiety found," they reported, "seems to be of a more intellectual, one might say more superficial kind than the anxiety of neurotic subjects. It expresses a feeling of inadequacy, a fear of being incapable to fulfill the demands imposed on the individual."

They further concluded that with increasing age "an impoverishment of the creative intellectual faculties takes place. The subjects between 50 and 70 years of age react with anxiety to the awareness of intellectual inadequacy. The subjects over 70 seemed resigned to their condition." The capacity for emotional responsiveness to the environment is impaired by age and the affective life becomes relatively shallow. Little inner conflict takes place. With increasing age the individual's control over his instinctual demands tends to disappear and some of the primitive manifestations of childhood re-occur."

Other Studies

Chesrow, Wosika, and Reinitz in a Rorschach Study of 20 aged white males found: "delayed responses, low number of responses, stereotyped thinking, intellectual and emotional constriction, and feelings of impotence." Davidson and Kruglov in a study last year of the "Personality Characteristics of the Institutionalized Aged" examined with the Rorschach 46 people, 22 female and 24 male, ranging in age from 61 to 91, living in the Home for the Aged and Infirm Hebrews of New York. In order to qualify for admission to the Home all people must be physically and mentally fit. They found the following outstanding personality characteristics which differentiated the aged from a group of younger adults:

1. Low productivity and little drive.
2. Faulty perception of reality and peculiar thought processes.

3. Narrowing of the range of interests.
4. Deficit in capacity for independent and creative thinking.
5. Inability to delay the expression of impulses.
6. Decreased emotional responsiveness.
7. Inadequate feelings toward the self and generalized feelings of insecurity.
8. Less adequate adjustment, the women showing better adjustment than the men.

"Differences between this group of institutionalized aged and a group of old people living at home indicated that the institutional group seemed to assume the personality characteristics of the aged earlier than the noninstitutionalized group," they found.

Need for Research

Although the Rorschach studies on "Personality Patterns of Old Age" agree that there are personality characteristics common to the aged, individual analysis of specific cases on a clinical basis shows the existence of individual differences in rate of aging personality-wise and in the specific behavior which might result from the patterns delineated. Undoubtedly the samplings of the aged obtained in the few studies so far completed, leave much doubt about whether these findings can be generalized into conclusions concerning the aged as a whole.

Before definitive conclusions can be drawn, it would be necessary to design a large scale project which would secure random samplings of older people in all walks of life on all socio-economic levels and representing various degrees of education and background. It is possible that we would find that many people make superb adjustments far into later maturity on a much more enriched level than findings in the studies quoted might indicate. Too often psychological studies and researches are, of necessity, because of practical reasons, focused on the poorly adjusted or the problem cases:—since it is difficult to get well functioning individuals to submit themselves to psychological appraisal. It is my feeling that when psychological research into the problems of the aging really gets going on a larger scale, much will be discovered concerning personality patterns of the aged which will make possible advanced planning for education in the later years and for finding a role for older people in society which will be unique and rewarding.

It is quite clear that the Rorschach is a suitable instrument for both the individual appraisal of older persons and the systematic, scientific study of

the aged as a group. As indicated, there is need for much more research with the Rorschach and other projective techniques in combination with other methods, into the problems of aging before we will be able to find the best way to deal with this important problem. What is urgently required is a large-scale research project adequately financed which would involve a multi-disciplinary approach to the problem, including physicians, psychiatrists, gerontologists, clinical psychologists, sociologists, and other specialists providing an integrated study of all aspects of the aging process. In such a context the Rorschach and other projective methods of personality study would undoubtedly make an outstanding contribution. Such projective techniques as the Bender-Gestalt test, the Sentence Completion, Figure Drawings, Graphomotor Projection Technique, and a host of others could supplement the Rorschach findings in a helpful way.

The Rorschach Test and the Aged

Let me state in conclusion what I believe the Rorschach can contribute right now to the handling of the problems of aging and the aged.

First, the skilled, competent, trained clinical psychologist can usually differentiate on the Rorschach between intercurrent pathological conditions in the aged such as early senile psychosis, psychosis with cerebral arteriosclerosis, and the normal personality changes of aging. This can often make possible a proper decision concerning the need for institutionalization versus guidance and treatment of the older person in the home or normal environment.

In this connection it is my considered opinion that the Legislature should do something about suitable control of the practice of clinical psychology since in the hands of an untrained person much damage and harm can be done by the use of the Rorschach. The profession of clinical psychology has set up certain safeguards in terms of certification of competence by the American Board of Examiners in Professional Psychology through the issuance of its diploma and through such designations as Fellow in Clinical Psychology of the American Psychological Association and Fellow of the Society of Projective Techniques and Rorschach Institute, but all of these do not fully protect the public since anybody who wants to can now practice clinical psychology without a state certificate or license. This is like permitting anybody who may so desire to practice surgery or law.

Secondly, the Rorschach method can help evaluate the personality assets of an older person in

terms of his total functioning from the point of view of a global approach to his personality in contrast to the previous "atomistic" evaluation of personality through questionnaires, rating scales, and the like. This makes it possible to predict for the individual what his further development might be by securing an understanding of his past and present functioning as a continuing, dynamic process in contrast to comparing him with norms which might enable comparison with others but not necessarily give us a full understanding of him as a unique individual.

Lastly, the Rorschach Method can be utilized further as a research tool to extend knowledge of the aging process in its effects on personality and thus improve our understanding of it. For example,

if there were longitudinal studies of people at age 10, 20, 30, 40 on through 70 and 80 we could eventually arrive at a fuller comprehension of the dynamics of personality development from childhood through adulthood, later maturity, and old age.

The Society for Projective Techniques, a national organization which numbers among its Members and Fellows the leading authorities and practitioners in the Rorschach Test and other projective techniques, offers its full cooperation to the Desmond Committee and will be particularly responsive through its Research and Training Committee to any requests it might make for advice and suggestions concerning needed research and standards of training for practice in these methods of personality study.

Attacking Prejudices Against the Aged

By Dr. Milton L. Barron

Department of Sociology and Anthropology, Cornell University

THE fact that I have been asked to prepare this paper on prejudice, a phenomenon which is traditionally associated in most people's minds with dominant and minority group relations, suggests the basic premise for my discussion. The premise is that the economic, psychological, and social situations of the aged in urban, industrial America resemble those of the many ethnic groups which we call "minorities." As a sociologist, I propose that we look at the aged as an emerging quasi-minority group, and suggest that what has been learned in reducing prejudice and discrimination against ethnic minorities constitutes virtually an untapped source of action applicable to the problems which the aged experience in their relations with younger age groups in our society.

The Minority Concept

The feasibility of this point of view is enhanced when we realize that the minority concept has already been used with some success to describe people other than races, religious groups, and nationalities. For example, many pertinent references have been made to women as a minority. The stock arguments put forward for feminine inferiority are the same as those claimed for ethnic inferiority: innate difference in ability, the need for protection and guidance because of inherent irresponsibility and a dependent nature, and the existence of "special" aptitudes which preclude open competition for male-reserved roles.

There is, to be sure, one difference between the traditional ethnic minority groups on the one hand, and the urban aged or women on the other. The latter are not independently functioning subgroups in our society. Hence my use of the term "quasi-minority." But in other crucial respects, the aged do have minority group characteristics. If we review briefly some of the sociological terminology descriptive of the plight not only of older employees and retirants but to a large extent of the other urban aged, the reasons for their conceptualization as a "quasi-minority" will become apparent.

Aged as a Quasi-Minority Group

Increasingly, sociologists and other students of human relations have pointed out that the aged are stereotyped by younger people and suffer subordination, frustration, prejudice, and discrimination. They maintain that there is a deterministic philosophical basis for all this—chronological determinism—which serves the same purpose as does biological determinism in race relations. They note further that many of the aged demonstrate such typical minority group reactions as hypersensitivity, low morale, defensiveness, self-hatred, and isolation.

These minority group concepts—stereotype, subordination, frustration, prejudice, discrimination, determinism, hypersensitivity, low morale, defensiveness, self-hatred, and isolation—are not mere jargon or empty words. Recently at Cornell we completed a survey of a nation-wide cross-section of the urban population 60 years of age and over. This study of a representative group of 1200 people in 34 cities confirmed, among other things, that the aged are at a decided disadvantage in economic matters, just as are the traditional minority groups. Economic disadvantage is especially true of the people who consider themselves retired. In standard of living, income and financial adequacy, and type of residence, our findings show that the aged who are not working are worse off than are the employed aged.

There is apparently a very high incidence of economic prejudice and discrimination against the aged all over the United States. For example, the unemployed aged who reported that since they stopped working at their regular occupation they have wanted to return to work and actually tried to get work were asked: "Were you successful in getting work?" If they replied they were unsuccessful, they were asked further: "What difficulties did you experience?" Over 70 per cent who had tried to secure re-employment replied they were unsuccessful. Of the five alternative difficulties which they were offered to account for their lack of success, the

outstanding one by far which they said they experienced was "prejudice against older workers." Health difficulties, inability to work, obsolete skill, and no openings in their line of work were relatively unimportant, according to these job-seeking respondents.

Virtually the same pattern is true with regard to the psychology of the chronically aged. In attitudes toward life, in self-image, and in intensity of feelings of inferiority, segregation, and prejudice by younger people, the unemployed aged (particularly those who do not consider themselves retired) are the most minority-minded of all occupational groups 60 years old and over.

For example, the entire sample was asked the following question: "Some people say that you can't be too careful in your dealings with people, while others say that most people can be trusted. From your own experiences which would you agree with more?" The unemployed aged showed a significantly higher proportion of distrustfulness of people than did the employed aged. This was most marked in the case of the unemployed aged who do not consider themselves retired, 65 per cent of whom said that you can't be too careful in your dealings with people.

Another interesting example of the psychological effects of aging was in answer to the question: "How do you think of yourself as far as age goes—elderly, middle-aged, old, or what?" Holding constant the factor of chronological age, we found that the employed aged think of themselves as more youthful than do the unemployed aged. Apparently the self-image in the later years of life is seriously affected by the occupational status one has. Furthermore, when the sample was asked: "Do you think that the people you see and care most about think of you as an old man or woman?" the employed aged indicated they think others look upon them as more youthful than do their unemployed counterparts who are actually of the same age as they are chronologically.

Social Isolation of the Aged

In social relations we found a vast incidence of isolation and rejection of the aged as a whole by others. More than half (53 per cent) of the entire nation-wide sample of 1200 people lack any club or other organizational affiliation; 40 per cent hardly ever are asked for advice by their family and friends. Indeed, over a third (36.5 per cent) claimed to have no really close friends, and 42 per cent have no relatives other than spouse or children. Social isolation is most conspicuous among the unem-

ployed aged. They belong to fewer organizations, their advice is less frequently sought, and they have fewer close friends than the employed aged.

It is now a well-established fact in dominant and minority group relations that prejudice is dependent in large part on lack of social interaction. Unless people have frequent and meaningful contact with each other, they build up stereotypes of each other and develop prejudiced attitudes. The social isolation of the aged is undoubtedly a factor in the tension which exists today between the young and the chronologically aged in American society.

Programs to Counteract Age Prejudice

What types of action in current programs to reduce prejudice and discrimination against the traditional minorities are transferable and applicable to the problems of the quasi-minority aged? There are essentially eight types of action available, but only two of them—(1) information, education, and propaganda, and (2) political and legal pressures—have been adapted for use to any significant degree in dealing with prejudice and discrimination against the aged. Furthermore, both of these types of action have not been fully exploited. In the area of information, education, and propaganda, for example, there are the following specific program possibilities: (a) preparation and distribution of pamphlets, brochures, news articles, etc., (b) radio and television programs; (c) special motion picture films and news reels, short subjects, and cartoons, etc., (d) providing speakers for organized groups such as labor unions, churches, schools and colleges, business and civic clubs, etc., (e) stimulating and arranging addresses by public leaders; (f) organizing certain types of mass meetings; (g) stimulating, organizing, and furnishing materials for teacher training through the usual educational channels; and (h) providing workshops, seminars, and special courses for ministers, teachers, social workers, labor union leaders, industrial managers, and supervisors, etc.

Political and legal pressures may include fair employment practices legislation; local, state, and national lobbies; law suits, test cases, injunctions, and other court action; legal aid services; and mobilization of support for particular candidates, officials, parties, or programs.

A third type of action which can be borrowed profitably from ethnic intergroup relations is the organization of contacts (between majority and minority groups) in industrial or other work situations. Programs here include not only (a) mixed

work-groups in plant or shop, but also (b) mixed participation in union activities.

A fourth type of action is the organization of contacts in non-vocational settings such as recreational activities, clubs or other organizations, and mixed residence groups.

A fifth type of action is organization for the adjustment of dominant and minority group differences. This involves the use of persuasion and other direct influences in dealing with particular groups and individuals.

A sixth type of action is psychotherapy with individuals or small groups. The specific techniques are psychodrama and sociodrama in which role-playing is employed as a means for changing attitudes.

A seventh type of action is the use of public commendation and awards for individuals or organizations working for improved relations.

Lastly, there is the type of action known as fact-finding or action research. Studies of the problem are made with technical guidance, but the study participants are mostly comprised of individuals who are also in a position to take follow-up action. A very popular form which action research takes is the community self-survey.

This is far from being a definitive and exhaustive classification, but it does show the variety of approaches which can be taken toward the goal of reducing prejudice and discrimination against the quasi-minority aged in our society as well as against our racial, religious, and nationality minorities.



Exhibits such as this one, sponsored jointly by our Joint Legislative Committee on Problems of the Aging and the Syracuse Council on Aging, attempts to show the public that age can still be useful, can still create.

*Attitudes of Junior and Senior High School Students Toward Aging**

By Drs. Irving Lorge and Jacob Tuckman
Teachers College, Columbia University
and

Albert J. Abrams

N. Y. S. Joint Legislative Committee on Problems of the Aging

IT HAS been shown that undergraduate students, graduate students, middle-aged, non-professional workers and their wives, and retired men and women living in their own homes or old people living in an institution for the aged subscribe to a considerable extent to the mistaken notions and stereotypes about old people and the older worker^{1,2,3,4,5}. Such evidence about acceptance of stereotypes about aging and the aged was obtained from responses to questionnaires in which people indicated with a "yes" or "no" whether they believed a statement. These studies involved almost two hundred statements about old people covering physical change, conservatism, personality, mental deterioration, etc., and about the older worker covering job attitudes, physical and mental decline, reaction to criticism, etc. Only the statements about physical changes in the aging process are supported by the research evidence; most of the remaining statements have little or no experimental support. Rather, such statements tend to reflect sheer opinion that old age always is associated with economic insecurity, physical and mental decline, personality disintegration and loss of skill.

The purpose of this study is to compare some attitudes of junior and senior high school students toward the old people with those among more sophisticated people. The students were 533 boys and girls, 12 to 20 years of age, in grades 7, 8, 9 and 12 in Newburgh, New York. The questionnaire consisted of 15 statements, 11 selected from the questionnaires already used, and four new ones.

Stereotypes of the Young About the Old

Table 1 reports the proportion of junior and senior high school students, by age and by school

grade, accepting each of the 15 statements about old people.

These young students tend to accept the misconceptions and stereotypes about old people. Of the students taken as a total group, 94 per cent agree that "Old people like to give advice," 89 per cent that "Old people would like to be young again," and the same proportion that "Old people like to work with young people." About 60 per cent agree that old people are old-fashioned, are often sick, and are slow to catch new ideas.

Among these young people there are few differences between the various age groups of students in the amount of acceptance of the stereotypes. Those who are 13 years old or less do not think that "Old people are grouchy" or that "Old people are untidy and careless about their appearance" as much as the older students.

In the higher in contrast with lower school grades, there is less acceptance of the statements "Old people get no sympathy from their relatives," "Old people should not dance," and "Old people are not useful to themselves or to others." Generally, however, similarities to the 15 statements outweigh the differences. For the 15-item questionnaire as a whole, the average percentage of acceptance is quite similar for the several grades: 45 for combined grades 7 and 8, 44 for grade 9, and 40 for grade 12.

A comparison between the responses of the high school students and those of the more sophisticated people for the 11 statements from the original questionnaires is given in Table 2. The more sophisticated people were samples of undergraduate students (average age 19), graduate students (classified into five age groups), middle-aged (average age 50), and older-aged (average age 75). The responses of high school students are similar to those of undergraduates and graduates. For such statements as "Old people are grouchy," "Old people are hard

* Retirement and Adjustment Series: Number 20. Sponsored cooperatively by the Institute of Adult Education and the Institute of Psychological Research, Teachers College, Columbia University.

TABLE 1

Proportion of Junior and Senior High School Students Accepting Statements About Old People, By Age, and By School Grade

STATEMENT	Age						School Grade		
	13 or less n = 31	14 n = 105	15 n = 116	16 n = 41	17 n = 141	18 or more n = 99	7 and 8 n = 54	9 n = 236	12 n = 243
1. Old people are grouchy.....	16	20	33	46	19	25	22	30	21
2. Old people are old-fashioned.....	77	72	65	71	70	63	67	70	67
3. Old people are hard of hearing.....	32	31	31	37	32	22	33	33	27
4. Old people like to give advice.....	97	97	91	98	94	90	96	94	92
5. Old people would like to be young again.....	84	88	80	78	75	79	83	83	76
6. Old people are lonely.....	23	49	54	59	48	42	37	52	47
7. Old people are often sick.....	48	70	68	61	63	59	65	67	61
8. Old people get no sympathy from their relatives..	29	10	22	32	18	17	37	17	16
9. Old people are untidy and careless about their appearance.....	6	9	12	27	5	16	13	13	9
10. Old people should not dance.....	39	23	24	24	21	15	37	23	18
11. Old people are a nuisance to others.....	16	4	14	7	9	8	13	9	9
12. Old people like to work with young people.....	77	87	77	83	84	74	83	80	80
13. Old people are poor workers.....	19	12	17	12	6	13	13	16	8
14. Old people are not useful to themselves or to others	16	8	15	17	5	6	19	11	5
15. Old people are slow to catch new ideas.....	52	54	60	59	63	59	52	58	62
Average for the Fifteen Statements.....	42	42	44	47	41	39	45	44	40

of hearing," "Old people get no sympathy from their relatives," "Old people are untidy and careless about their appearance," "Old people are a nuisance to others" and "Old people are not useful to themselves or to others," the junior and senior high school students, like undergraduate and graduate students, do not accept these statements as much as do middle-aged and older-aged. Such differences between young and old suggest that young people may have had less personal acquaintance with the aging process, or that the middle and older-aged tend to be more conditioned to the cultural expectations of the role and function of the older person.

The question, "In your opinion, when does old age begin" also was included in the questionnaire. The replies to this question, (Table 3) indicate that 93 per cent of the junior and senior high school students believe that old age begins at a specified

chronological age. Of these, the overwhelming majority set it at the beginning or midpoint of a decade, such as 50, 55, 60, 65, although about an eighth give unusual ages, such as 36, 44, 52 and so on. Those students who give an unusual age may have had some particular person in mind, e.g., father, mother, grandparent, friend of the family, etc. The more sophisticated subjects never give an unusual age, although some give an age range, e.g., 50-55, 60-70⁶.

Some of the high school students believe old age to begin as early as 18 years or as late as 92. Thirty-four per cent have it begin below 60 years. The ages most frequently specified are 60 for the 13 year olds and under and 65 for those above the age of 13 years.

The responses of the few who specify old age in terms other than that of chronological age are in the following categories: feel old, depends on the

TABLE 2

Comparison of Junior and Senior High School Students, and Undergraduate Students, Graduate Students, Middle Age and Older Age Respondents For Eleven Statements About Old People: Proportion of Each Group in Agreement with the statement

STATEMENT	Junior and Senior High n = 533	Under- graduates n = 100	20-24 n = 100	Graduate Students, by age			40 or more n = 100	Middle Aged n = 100	Older Aged n = 100
				25-29 n = 100	30-34 n = 100	35-39 n = 100			
1. Old people are grouchy.....	25	23	13	16	16	8	4	46	52
2. Old people are old-fashioned.....	68	60	55	63	53	51	43	65	43
3. Old people are hard of hearing.....	30	41	29	47	43	37	41	64	77
4. Old people like to give advice.....	94	88	81	88	80	79	78	90	84
5. Old people would like to be young again.....	80	80	60	59	60	54	55	78	67
6. Old people are lonely.....	48	46	54	47	59	43	60	60	67
8. Old people get no sympathy from their relatives..	19	9	12	12	13	8	7	41	54
9. Old people are untidy and careless about their appearance.....	11	17	8	16	12	9	18	32	29
11. Old people are a nuisance to others.....	9	11	9	5	14	3	9	23	38
14. Old people are not useful to themselves or to others	9	6	5	8	8	1	8	27	40
15. Old people are slow to catch new ideas.....	59	49	48	54	49	42	46	60	62

TABLE 3

Replies to the Question, "In Your Opinion When Does Old Age Begin?" For 533 Junior and Senior High School Students, By Age of Respondent

RESPONSE	Age of Respondent					
	13 or less n=31 %	14 n=105 %	15 n=116 %	16 n=41 %	17 n=141 %	18 or more n=99 %
Specifying a chronological age:						
Under 40 years.....	0	1	3	7	1	1
40-44.....	0	4	8	0	3	3
45-49.....	6	6	4	2	6	2
50-54.....	19	17	16	15	10	10
55-59.....	19	14	10	7	9	7
60-64.....	32	20	16	17	21	16
65-69.....	10	28	23	20	31	41
70-74.....	10	4	3	12	11	9
75-79.....	0	1	3	2	2	3
80-84.....	3	1	2	0	1	1
85-89.....	0	0	1	0	1	0
90-94.....	0	0	2	0	0	0
Not specifying a chronological age:						
Feel old.....	0	2	3	5	4	2
Depends on the individual...	0	1	2	0	0	0
Physical and mental decline...	0	1	0	2	1	1
Never.....	0	0	1	0	0	1
Other.....	0	1	3	2	0	0
Omit.....	0	0	2	7	0	2

individual, physical and mental decline, never, and others like, "when you are born" and "as soon as you get married."

As the respondents are in higher age groups, there is a tendency for the age specified as the be-

ginning of old age to be set higher, but the difference is small. The correlation between the age specified as the beginning of old age and the respondent's own age is .23. The median age specified is 61.3 for 13 year olds and under, 61.4 for 14 year olds, 61.3 for 15 year olds, 62.9 for 16 year olds, 64.6 for 17 year olds and 65.9 for 18 year olds and over. This corresponds to the findings for undergraduate students, graduate students, middle-aged and older-aged respondents.

The substantial acceptance of misconceptions and stereotypes about old people by junior and senior high school students and their belief that a specific chronological age, rather than other criteria of aging, determines when old age begins indicate that children, by the time they have reached the age of 12 or 13, have already acquired the negative attitudes about aging found among adults. The primary question for research is: "When, and how are these attitudes transmitted to children." Answers to this question must be found so as to develop an adequate educational program to combat negative attitudes about aging.

References

- ¹ Tuckman, J., and Lorge, I. "Attitudes Toward Old People" *Journal of Social Psychology*, 1953, 37, 249-260.
- ² "Attitudes Toward Older Workers," *Journal of Applied Psychology*, 1952, 36, 149-153.
- ³ "The Attitudes of the Aged Towards the Older Worker; for Institutionalized and Non-institutionalized Adults" *Journal of Gerontology*, 1952, 7, 559-564.
- ⁴ and Spooner, G. A. "The Effect of Family Environment on Attitudes Toward Old People and the Older Worker," *Journal of Social Psychology*, 1953, 38, 207-218.
- ⁵ "The Effect of Institutionalization on Attitudes Toward Old People," *Journal of Abnormal and Social Psychology*, 1952, 47, 337-344.
- ⁶ "When Does Old Age Begin and a Worker Become Old?" *Journal of Gerontology*, 1953, 8, 483-488.



Young is a Circumstance

By Frank Lloyd Wright

IT SEEMS to me the best thing ever said concerning old age was said by Oscar Wilde: "The tragedy of old age is that it is not old."

As an experienced builder of homes, I should say that most needed by the aging is more realization that young is a circumstance and youth is a quality.

And more needed is less accent by society on maturity as a disability. If it is not an asset, then our civilization passes into failure.

Also—no retirement, less segregation; rather, more privileges as reward for wisdom and achievement.

In short age should be treated as a qualification that ought to be—not as now, be a disqualification.

Also, I think old age needs a greater range of activity, not less, and needs more rewards of the kind development covets. Like for instance, a beautiful environment—the high quality we call a work of art in nearly everything from here to heaven.

Reflections at 80

By Lord Bertram Russell

Lord Russell, at age 81, in a communication to our Committee, sent two papers,¹ one of which he stated is "too frivolous" and the other "too autobiographical." However, he gave permission to "pick bits out of both and piece them together." Here is both a philosophy and challenge for senior citizens.

BERNARD SHAW would tell all and sundry that he owed his long life to abstinence from meat and alcohol. I, however, was never persuaded on this point. I thought that he owed it to pugnacity. There was always "that asinine scoundrel, So and So," to be shown up as the ass he was. And there was always the feeling that if Shaw were dead the job would not be adequately done. Such sentiments (believe me) do much to prolong life. If you really wish to live to be 80, I think you will find a habit of hilarious olympian controversy very helpful.

There is one class of very long-lived persons—but unfortunately no mere male can belong to this class. It is the class of those who are born to be widows. I have known a number of eminent ladies who belonged to this type. Many of them had eminent husbands, but the poor fellows had to die in order that their wives might achieve their destiny.

One of the finest examples of this type was an old lady, over 80, whom I knew some 20 years ago, who was the widow of a Cambridge mathematician.

One day when I called I was told that she was rather tired and not seeing visitors. I asked solicitously what it was that had tired her, and was told that her car stuck on an up-hill, and she had got out and pushed it up to the top.

Aids to Longevity

If you wish to live long, it is a mistake to have a finite and realizable ambition. There was the eminent Cambridge mathematician who, at the age of 22, discovered a famous theorem which to this day is called by his name. After this he felt that he had done enough in the way of original work, and he devoted the remainder of his life to accumulating mathematical books and papers in his study. He covered the walls with shelves from floor to ceiling, but the shelves became full. He then stacked books

and pamphlets on the floor. The whole of the floor became covered except a narrow passage to his desk. At last that, too, was covered. He locked the door and, shortly afterwards, expired.

A man who has been active, even if he has thought throughout his life that a leisurely existence would be delightful, is apt to find life unbearable without some activity upon which to employ his faculties.

I am convinced that survival is easier for those who can enjoy life, and that a man who has sufficient vitality to reach old age cannot be happy unless he is active.

On reaching the age of 80 it is reasonable to suppose that the bulk of one's work is done, and that what remains to do will be of less importance. The serious part of my life ever since boyhood has been devoted to two different objects which for a long time remained separate and have only in recent years united into a single whole. I wanted, on the one hand, to find out whether anything could be known; and, on the other hand, to do whatever might be possible towards creating a happier world. Up to the age of 38 I gave most of my energies to the first of these tasks. I was troubled by skepticism and unwillingly forced to the conclusion that most of what passes for knowledge is open to reasonable doubt. I wanted certainty in the kind of way in which people want religious faith. I thought that certainty is more likely to be found in mathematics than elsewhere. But I discovered that many mathematical demonstrations, which my teachers expected me to accept, were full of fallacies, and that, if certainty were indeed discoverable in mathematics, it would be in a new kind of mathematics, with more solid foundations than those that had hitherto been thought secure. But as the work proceeded, I was continually reminded of the fable about the elephant and the tortoise. Having constructed an elephant upon which the mathematical world could

¹ Papers were entitled "Reflections on my Eightieth Birthday" and "How to Live to be Eighty."

rest, I found the elephant tottering, and proceeded to construct a tortoise to keep the elephant from falling. But the tortoise was no more secure than the elephant and, after some 20 years of very arduous toil, I came to the conclusion that there was nothing more that I could do in the way of making mathematical knowledge indubitable.

Optimism and Maturity

I have had always a certain degree of optimism, although, as I have grown older, the optimism has grown more sober and the happy issue more distant. But I remain completely incapable of agreeing with those who accept fatalistically the view that man is born to trouble.

The causes of unhappiness in the past and in the present are not difficult to ascertain. There have been poverty, pestilence, and famine, which were due to man's inadequate mastery of nature. There have been wars, oppressions and tortures which have been due to men's hostility to their fellow men. And there have been morbid miseries fostered by gloomy creeds, which have led men into profound inner discords that made all outward prosperity of no avail.

All these are unnecessary. In regard to all of them, means are known by which they can be overcome. In the modern world, if communities are unhappy, it is because they choose to be so.

Or, to speak more precisely, because they have ignorances, habits, beliefs, and passions, which are dearer to them than happiness or even life.

I find many men in our dangerous age who seem to be in love with misery and death, and who grow angry when hopes are suggested to them. They think that hope is irrational and that, in sitting down to lazy despair, they are merely facing facts. I cannot agree with these men. To preserve hope in our world makes calls upon our intelligence and our energy. In those who despair it is very frequently the energy that is lacking.

The last half of my life has been lived in one of those painful epochs of human history during which the world is getting worse, and past victories which had seemed to be definitive have turned out to be only temporary. When I was young, Victorian optimism was taken for granted. It was thought that freedom and prosperity would spread gradually throughout the world by an orderly process, and it was hoped that cruelty, tyranny, and injustice would continually diminish. Hardly anyone was haunted by the fear of great wars. Hardly anyone thought of the nineteenth century as a brief interlude between past and future barbarism. For those

who grew up in that atmosphere, adjustment to the world of the present has been difficult. It has been difficult not only emotionally, but intellectually. Ideas that had been thought adequate have proved inadequate. In some directions valuable freedoms have proved very hard to preserve. In other directions, specially as regards relations between nations, freedoms formerly valued have proved potent sources of disaster. New thoughts, new hopes, new freedoms, and new restrictions upon freedom are needed if the world is to emerge from its present perilous state.

I cannot pretend that what I have done in regard to social and political problems has had any great importance. It is comparatively easy to have an immense effect by means of a dogmatic and precise gospel, such as that of communism, but for my part I cannot believe that what mankind needs is anything either precise or dogmatic. Nor can I believe with any whole-heartedness in any partial doctrine which deals only with some part or aspect of human life. There are those who hold that everything depends upon institutions, and that good institutions will inevitably bring the millenium. And, on the other hand, there are those who believe that what is needed is a change of heart, and that, in comparison, institutions are of little account. I cannot accept either view. Institutions mould character, and character transforms institutions. Reforms in both must march hand in hand. And if individuals are to retain that measure of initiative and flexibility which they ought to have, they must not be all forced into one rigid mould, or, to change the metaphor, all drilled into one army. Diversity is essential in spite of the fact that it precludes universal acceptance of a single gospel. But to preach such a doctrine is difficult, especially in arduous times. And perhaps it cannot be effective until some bitter lessons have been learned by tragic experience.

Self-Appraisal

My work is near its end, and the time has come when I can survey it as a whole. How far have I succeeded, and how far have I failed? From an early age I thought of myself as dedicated to great and arduous tasks. Fifty-five years ago, walking alone in the Tiergarten through melting snow under the coldly glittering March sun, I determined to write two series of books: one abstract, growing gradually more concrete; the other concrete, growing gradually more abstract. They were to be crowned by a synthesis, combining pure theory with a practical social philosophy. Except for the final synthesis, which still eludes me, I have written these

books. They have been acclaimed and praised, and the thoughts of many men and women have been affected by them. To this extent, I have succeeded.

But as against this must be set two kinds of failure, one outward, one inward.

To begin with the outward failure: The Tiergarten has become a desert; the Brandenburger Thor, through which I entered it on that March morning, has become the boundary of two hostile empires, glaring at each other across an almost invisible barrier, and grimly preparing the ruin of mankind. Communists, Fascists, and Nazis have successively challenged all that I thought good, and in defeating them much of what their opponents have sought to preserve is being lost. Freedom has come to be thought weakness, and tolerance has been compelled to wear the garb of treachery. Old ideals are judged irrelevant, and no doctrine free from harshness commands respect.

The inner failure, though of little moment to the world, has made my mental life a perpetual battle. I set out with a more or less religious belief in a Platonic eternal world, in which mathematics shone with a beauty like that of the last Cantos of the *Paradiso*. I came to the conclusion that the eternal world is trivial, and that mathematics is only the

art of saying the same thing in different words, I set out with a belief that love, free and courageous, could conquer the world without fighting. I ended by supporting a bitter and terrible war. In these respects there was failure.

But beneath all this load of failure I am still conscious of something that I feel to be victory. I may have conceived theoretical truth wrongly, but I was wrong in thinking that there is such a thing, and that it deserves our allegiance. I may have thought the road to a world of free and happy human beings shorter than it is proving to be, but I was not wrong in thinking that such a world is possible, and that it is worth while to live with a view to bringing it nearer.

I have lived in the pursuit of a vision both personal and social. Personal: to care for what is noble, for what is beautiful, for what is gentle; to allow moments of insight to give wisdom at more mundane times. Social: to see in imagination the society that is to be created, where individuals grow freely, and where hate and greed and envy die because there is nothing to nourish them. These things I believe, and the world, for all its horrors, has left me unshaken.

Reflections on the Old Age Problem

By Dr. A. L. Vischer

Altershospital, Basle, Switzerland

SWITZERLAND, like every other civilized country in the world, has its old age problem. Of our total population of 4.6 million inhabitants 450,000 are more than 65 years old. In a small country, however, the social problems do not lead to a crisis with the same suddenness and acuteness, though they are not less serious. As our country consists of 25 cantons, each with its own constitution and public assistance institutions, our conditions are quite clear and can be dealt with individually. "The small state exists," says our great historian and philosopher Jacob Burckhardt, "so that there is a spot on earth where the largest possible number of subjects are citizens in the full sense of the word. For the small state has nothing but actual, real freedom with which it compensates ideally the tremendous advantages of the big state, even its power."

Every country and people has its own society pattern which may or may not be suitable to old people. Some nations are a young man's world, others an old man's world. I am inclined to think that Switzerland ranks in the second category. It is necessary to know this in order to understand better the recent trends of gerontology in this country. The old age problem of the modern world has found us prepared to some extent. Homes for the aged have been in existence in our cities since the Middle Ages. Indigent oldsters were received in these homes as *pfruender*, a word derived from the Latin *prebendarii*, i.e. prebendary or beneficiary of some church or lay endowment. In rural districts, e.g. in the canton of Appenzell, every village has its old age home. Besides these homes which are maintained by public funds, there are many other such institutions supported by private or religious bodies. At Basle the old age home of the community has been from its beginnings an annex to the big city hospital with the university clinics. We have here just that type of organization so ably advocated by Dr. Bluestone of New York as being the best solution for the hospitalization of the old chronic sick.

In Zurich a new communal hospital was opened last year with a medical and surgical section each of 110 beds and an annex of 250 beds for the old chronic sick.

The Stockli of Switzerland

I should like to add a few words, here, on an old peasant institution which has been firmly established in the canton of Berne for centuries. The traveller driving through this largest of Swiss cantons cannot help seeing the many stately, comfortable farmhouses with usually a small dwelling house (the Stockli) not far away. Into this cottage the old farmer and his wife will retire as soon as they cannot cope with their work any longer and wish to leave it to the younger generation. The Stockli is built far enough from the big peasant home to allow both families to lead an independent life, and yet near enough for the inmates to be of help to one another. Very often there is an excellent understanding between grandparents and grandchildren, the former playing an important part in the education of the latter.

This may help to explain why a society of gerontology was not founded in Switzerland until 1953. At an early period Swiss doctors, biologists and sociologists of medicine were interested in the old age problem. It was in Basle that the great reformer of medicine, Theophrastus Paracelsus, wrote his treatise *De Vita longa*; Henri Meister, a Swiss author, his booklet on old age (1805) which has not lost its appeal even to modern readers; and J. G. Jung of Basle is one of the few psychologists who endeavour to alleviate the spiritual difficulties of the aged; while S. Freud crudely declared that men over fifty could not be analysed any longer and did therefore not interest him. It was one of our great Basle zoologists, Professor Portmann, who pointed out the basic difference between the aging process in a human being and in animals. Man's last phase of life shows some peculiar characteristics which have not been given sufficient notice.

Older Man and Older Beast

In the first place, there is the duration of life: while some birds reach an age of 60 or 70, mammals do not grow older than 50 years. Even the anthropoids—orangs, gorillas, and chimpanzees—rarely exceed three decades, and already begin to show signs of senility at the age of 15. When comparing the aging process of man and beast more closely, we realize that the course of a human life is not simply a slightly modified variant of animal life, but something quite apart.

An earnest study of human existence shows aspects and features quite distinct from anything the observation of animal life will ever reveal. We realize that man's old age may be graced by high intellectual qualities and that there is a peculiar dignity inherent to old people. Of course, man's life declines like that of animals, but another trend in man leads in a different direction, investing him with dignity.

It is characteristic of human old age that it contains all the stages of decline present in the animal as well as the preserved intellectual and creative power of the ripe man. **As long as we see in human age only the downward curve of life without its unfolding maturity, the problems arising in a community by the increasing number of old people, will be misunderstood and wrongly solved. Increased individuality and a more definite personality are characteristic of human old age.**

Every old man is in some sense the result of his own past. His bodily and mental experiences have impressed their peculiar features on him and made him the individual he now is. Every aged human being thus constitutes a problem of his own. The more a man grows in age the more he becomes an individualist in body and soul. In this respect biological examination is a failure; for based on the study of plants and animals its main interest is focussed on the general and typical aspects. On close study, the phenomena of senescence show a wide range of individual evolutionary differences which constitute one of the great basic facts of human social life and of all biological study of human existence.

The lives of the greatest creative personalities bring out these contrasts particularly well. By an infinite number of varying grades their destinies are connected with the many others which, being the majority, are called "normal". It is very important that the peculiar character of human senescence be fully grasped, especially nowadays, where an ever-larger number of people reach old age. The increasing proportion of old people within the total

of the population sets problems which require a very clear conception by an enlightened government, based on a full recognition of the many aspects of real life, and is the preliminary for the effective working of democratic institutions. And the way to such a conception must not be obstructed by an attitude which is exclusively based on animal biology and on medical science influenced by this biology.

The old age problem is a great responsibility of medical science. The prolongation of the prospect of life and, consequently, the ever larger number of old people in population, is largely due to the achievements of medical science and the efforts of physicians. These powers which have literally pushed man further into life must now do their part to make of this extended age not a burden to the community and the individual, but a benefit, not just a casual fate, but a fulfillment. We should be earnestly warned not just to extend our days and make an artifact of life.

In recent decades, physicians, psychologists and educationists have spent much time and thought towards furthering the spiritual and material health of children. If a fraction of these efforts, this expense and interest was devoted to our aged fellow-beings, they would be much better off.

Here, too, biology and a comparison with animal life does not give us the key to our attitude towards the elder generation. Child love is an instinct which man has in common with the animal. Man can even learn from the animal. A person with no love for children, whether his own or other people's, attracts notice and is considered as not quite natural. If, on the other hand, a person shows great affection for children and has a special gift in dealing with them and in winning their love and loyalty, this is looked upon as a particularly praiseworthy feature.

A similar instinct inclining man towards the very old does not exist. The animal which shows signs of old age is avoided by its companions and left to its fate. The instinctive bond between young and old animals wanes with the years. That old age and old people be regarded with respect, is a feature distinguishing man from the beast; it is a purely human attitude and lacks a biological basis.

Respect of old age is no instinct. It is one of the Golden Rules, a moral law imposed by divine ordinance. It is not surprising that the respect due to one's own parents had to be set down in a special commandment. We find it written in the moral code which proscribes murder, theft and false witnessing, as fifth commandment: "Honour thy father and thy mother." In order to give this order due

stress, a reward is promised to him who obeys: "that thy days may be prolonged and that it may go well with thee in the land which the Lord thy God giveth thee". If a commandment must be set down to ensure the fulfillment of a human obligation, this obligation is usually not natural to man. Such an obligation may perhaps lead a person into considerable difficulties, particularly in the present time, when faith, hope and charity are on the wane. If we want to live up to this commandment which undoubtedly does not only refer to one's progenitors but to the Elders as such, a special effort is necessary. We

must prepare ourselves to this task and be fully aware of its consequences.

These are a few random reflections on old age resulting from a long experience with old people, since, thirty years ago, the medical care of the aged population of Basle, my home town, was entrusted to me. My task was greatly facilitated and I was much encouraged in my work by the unbounding optimism and valuable research work revealed in the activity and publications of American gerontologists, and I am glad to have this opportunity of expressing my gratitude to them in public.

Marta, for Example

Blest are old ladies who grow straight and thin,
Too proud and pliant to enslave their kin
With pity, or with duty, pity's twin.
Take Marta, for example, neighbors know
She has seen all of eighty autumns go—
And may not yet survive this winter's snow—

Still she retains a piquant sylvan grace.
Her aspen limbs are agile, and her face,
Where stands some citadel against time's pace,
Suggests a doe delaying in retreat
Until the quick lance lifts her from her feet . . .
Her eyes aware of all things but defeat.

—Frances Eleonore Schluneger

The Migration of the Aged*

By T. Lynn Smith

University of Florida

THE revolutionary changes underway in American society during the second half of the twentieth century make imperative more thoroughgoing study of the migration of persons at or near the retirement ages. Current changes are bringing about an increased tendency for elderly persons to leave the places in which they have lived and worked for other locations, and particularly for southern California, the Gulf Coast, and Peninsular Florida. Among the significant changes underway are the following: (1) a rapid transition from an agricultural society, in which the aged owned and controlled much of the property and carried many highly important roles,¹ to an industrial society characterized by impersonal social relationships and an emphasis on youth; (2) a great increase in the mobility of the population, brought about by the automobile and improved highways, the airplane, and other rapid means of transportation, which has helped to acquaint people generally with various parts of the Nation and to give them personal knowledge of the advantages and disadvantages of living in various sections; (3) decreasing proportions of the self-employed in the population, of those who own and control the equipment with which they work, and increased numbers and proportions of those who are job holders in situations in which the attainment of a certain age automatically means retirement from the jobs to which they are habitu-

ated; (4) the rapid development and spread of pension plans, including Social Security, which provide monthly cash payments to hundreds of thousands of the aged; (5) small families, with most of the children born while parents are relatively young, so that relatively few couples who have attained the age of sixty are tied to a given locality by the needs of their adolescent children; and (6) an increased tendency for workers to shift or to be shuttled from one job to another, one city or region to another, so that they never establish themselves securely in any given locality.

The list presented is not intended to be exhaustive, but it hardly should be necessary to say more in order to establish the importance of determining the volume and charting the course of the principal migratory currents of elderly persons. We need to know with some degree of accuracy where the aged migrants originate, and the localities to which they move; we should have comprehensive and accurate information about their principal characteristics such as age, sex, race, marital status, previous occupations, and national origins; and we would like to have reliable data about their economic situations and financial prospects. Until very recently any studies in these areas have been conspicuous by their absence.² The study of migration probably has been the most neglected part of population analysis; and undoubtedly the investigation of residential changes on the part of the aged is one of the least developed aspects of migration study. It would appear that those interested in gerontology have known little of migration studies; and that those competent in the study of migration have been uninterested in the problems of the aged.

The reasons for our lack of comprehensive knowledge relative to the migrations of the aged are fairly obvious. For the most part those who work at any aspect of population analysis must rely upon official agencies, particularly the Bureau of the Census and the National Office of Vital Statistics, to collect, tabulate, and make available the basic materials which they use. Naturally these agencies concentrate upon the provision of the data for which there is the greatest demand. That they have done, on the whole, an excellent job is

* Much of the material for this paper was drawn from two of the author's earlier studies, "The Migration of the Aged," in T. Lynn Smith, editor, *Problems of America's Aging Population*, Gainesville: University of Florida Press, 1951, pp. 15-28; and "The Distribution and Movements of the Aged Population," *Journal of Business*.

¹ Cf. T. Lynn Smith, "The Aged in Rural Society," in Milton Derber, editor, *The Aged and Society*, Champaign, Illinois: Industrial Relations Research Association, 1950, pp. 40-55.

² The author's first attempt along these lines, mentioned above, was followed shortly by those of Homer L. Hitt (in his "America's Aged at Mid-Century") and T. Stanton Dietrich (in his "Problems that Need Further Study") in T. Lynn Smith, editor, *Living in the Later Years*, Gainesville, Florida: University of Florida Press, 1952, pp. 20-27 and 31-34. More recently Dr. Hitt returned to the subject in a paper "The Role of Migration in Population Change Among the Aged," presented before the American Sociological Society in Atlantic City, September, 1952, which is to be published in the *American Sociological Review*.

apparent from the advances that have been made in the study of mortality, expectation of life, the rate of reproduction, and population growth. Migration data, however, have figured only slightly, and, for the most part, incidentally in the decennial censuses. Prior to 1940 there was no question about migration per se on the census schedule; and the queries included and tabulations used in 1940 and 1950 leave a great deal to be desired. This is neither the time nor the place to enter upon a detailed discussion of the defects, or to outline the essential procedures, but it should be indicated that the methodology employed precludes the tabulation of migration data for county units, and it does not cover the decade between enumerations. Until the basic materials are available for counties, it is likely that most of the more significant facts concerning the migration of the aged will have to be secured by indirect means, if, indeed, they can be had at all; and until the 10-year period between censuses is used as the unit the data can hardly be checked adequately against those for births, deaths, and population change.

For more than a decade I have been trying to establish a few of the more salient facts about the migration of elderly and retired persons in the United States, and I have been particularly interested in their tendency to concentrate in peninsular Florida and along the Gulf Coast from Florida to Texas. The time and resources I have been able to muster for this task have been pitifully small, mostly my own "leisure" time and personal equipment. For the reasons mentioned above, the approaches I have employed have been indirect ones. The findings are still preliminary and tentative, but they do cover the period from 1930 to 1950. Specific topics reported upon include: (1) migration and the distribution of the aged; (2) the volume of the net movement to or from each of the states in the Union, together with estimates of the relative importance of elderly newcomers in the aged populations of the states to which they have migrated; (3) the rural-urban migrations of the aged; and (4) high concentrations of the aged.

Migration and the Distribution of the Aged

The basic facts about the geographical distribution of the aged (presented in Table 1) are fairly well known. Some states rather consistently have high percentages of those above 65 years of age in their populations, whereas others decade after decade have less than their pro rata shares of the Nation's aged population. The migration of those at or near the retirement age is one of the im-

Table 1.
Population Aged 65 and Over by Divisions and States,
1940 and 1950*

Division and State	Population 65 and Over		Percent 65 and Over	
	1940	1950	1940	1950
United States.....	9,019,314	12,269,637	6.8	8.1
New England.....	715,349	903,567	8.5	9.7
Maine.....	80,325	93,562	9.5	10.2
New Hampshire.....	48,720	57,793	9.9	10.8
Vermont.....	34,492	39,534	9.6	10.5
Massachusetts.....	368,974	468,436	8.5	10.0
Rhode Island.....	51,284	70,418	7.6	8.9
Connecticut.....	128,554	176,824	7.5	8.8
Middle Atlantic.....	1,878,645	2,539,271	6.8	8.4
New York.....	922,356	1,258,457	6.8	8.5
New Jersey.....	278,821	393,989	6.7	8.1
Pennsylvania.....	677,468	886,825	6.8	8.4
East North Central.....	1,968,764	2,595,869	7.4	8.5
Ohio.....	539,729	708,975	7.8	8.9
Indiana.....	288,036	361,026	8.4	9.2
Illinois.....	567,963	754,310	7.2	8.7
Michigan.....	330,854	461,650	6.3	7.2
Wisconsin.....	242,182	309,917	7.7	9.0
West North Central.....	1,112,728	1,377,605	8.2	9.8
Minnesota.....	212,618	269,130	7.6	9.0
Iowa.....	227,767	272,998	9.0	10.4
Missouri.....	325,745	407,388	8.6	10.3
North Dakota.....	39,390	48,196	6.1	7.8
South Dakota.....	44,440	55,296	6.9	8.5
Nebraska.....	105,632	130,379	8.0	9.8
Kansas.....	157,136	194,218	8.7	10.2
South Atlantic.....	968,991	1,397,002	5.4	6.6
Delaware.....	20,566	26,320	7.7	8.3
Maryland.....	123,516	163,514	6.8	7.0
District of Columbia.....	41,206	56,687	6.2	7.1
Virginia.....	154,944	214,524	5.8	6.5
West Virginia.....	100,974	138,526	5.3	6.9
North Carolina.....	156,540	225,297	4.4	5.5
South Carolina.....	81,314	115,005	4.3	5.4
Georgia.....	158,714	219,655	5.1	6.4
Florida.....	131,217	237,474	6.9	8.6
East South Central.....	612,689	821,739	5.7	7.2
Kentucky.....	189,284	235,243	6.7	8.0
Tennessee.....	171,778	234,884	5.9	7.1
Alabama.....	136,209	198,648	4.8	6.5
Mississippi.....	115,418	152,864	5.3	7.0
West South Central.....	718,692	1,033,186	5.5	7.1
Arkansas.....	107,260	148,995	5.5	7.8
Louisiana.....	119,003	176,849	5.0	6.6
Oklahoma.....	144,934	193,922	6.2	8.7
Texas.....	347,495	513,420	5.4	6.7
Mountain.....	251,161	358,967	6.1	7.1
Montana.....	36,257	50,864	6.5	8.6
Idaho.....	31,700	43,537	6.0	7.4
Wyoming.....	12,558	18,265	5.0	6.3
Colorado.....	86,438	115,592	7.7	8.7
New Mexico.....	23,284	33,064	4.4	4.9
Arizona.....	23,909	44,241	4.8	5.9
Utah.....	30,215	42,418	5.5	6.2
Nevada.....	6,800	10,986	6.2	6.9
Pacific.....	792,295	1,239,431	8.1	8.6
Washington.....	144,320	211,405	8.3	8.9
Oregon.....	92,728	133,021	8.5	8.7
California.....	555,247	895,005	8.0	8.5

* Source: Compiled from United States Bureau of the Census, *United States Census of Population 1950, Vol. II Characteristics of the Population*, Pt. 1 Washington: Government Printing Office 1953.

Table II.

Indexes Showing the Extent to Which Each Geographic Division and State Had its Pro Rata Share of the Population Aged 65 and Over in 1930, 1940 and 1950*

Geographic Division or State	1930	1940	1950
New England.....	124	125	120
Maine.....	157	140	126
New Hampshire.....	165	146	133
Vermont.....	161	141	130
Massachusetts.....	120	125	124
Rhode Island.....	109	112	110
Connecticut.....	107	110	109
Middle Atlantic.....	96	100	104
New York.....	117	100	105
New Jersey.....	113	99	100
Pennsylvania.....	98	100	104
East North Central.....	111	109	105
Ohio.....	117	115	110
Indiana.....	133	126	114
Illinois.....	102	106	107
Michigan.....	98	93	89
Wisconsin.....	120	113	111
West North Central.....	122	121	121
Minnesota.....	119	112	111
Iowa.....	141	132	128
Missouri.....	124	127	127
North Dakota.....	82	90	96
South Dakota.....	98	102	105
Nebraska.....	119	118	121
Kansas.....	126	128	126
South Atlantic.....	82	79	82
Delaware.....	132	113	103
Maryland.....	106	100	86
District of Columbia.....	106	91	88
Virginia.....	87	85	80
West Virginia.....	78	78	85
North Carolina.....	69	65	68
South Carolina.....	63	63	67
Georgia.....	74	75	79
Florida.....	89	102	106
East South Central.....	83	84	89
Kentucky.....	100	99	99
Tennessee.....	85	87	88
Alabama.....	70	71	80
Mississippi.....	72	78	86
West South Central.....	74	81	88
Arkansas.....	74	81	96
Louisiana.....	67	74	82
Oklahoma.....	76	91	107
Texas.....	74	79	83
Mountain.....	90	90	88
Montana.....	93	96	106
Idaho.....	94	88	91
Wyoming.....	72	74	78
Colorado.....	111	113	107
New Mexico.....	72	65	61
Arizona.....	67	71	73
Utah.....	79	81	77
Nevada.....	96	91	85
Pacific.....	120	119	106
Washington.....	119	122	110
Oregon.....	133	125	107
California.....	119	118	105

*Indexes computed from data assembled from the various reports of the United States Bureau of the Census. If a geographic division or state had exactly the same proportion of the population aged 65 and over as it had of the total population of the United States its index would be exactly 100. A figure of less than 100 indicates the extent to which the aged population is under-represented and one of more than 100 the extent to which it is over-represented in a given state or division.

portant factors, although by no means the only one, in bringing about and maintaining the distribution that prevails. Before analyzing this point, however, it is well to have clearly in mind a few other pertinent facts relative to the distribution of the aged and the recent changes that have taken place in this respect. For this purpose Table II was prepared. It makes use of relative numbers to show for the years 1930, 1940, and 1950 the extent to which each state had more or less than its pro rata share of the Nation's people of 65 years of age and over. In the determination of these scores a state which contained exactly the same proportion of the aged population as it had of the national population would have an index of 100, whereas New York which in 1950 had 10.3 per cent of those 65 and over in the United States and 9.8 per cent of the total population scores 105 for that year. A careful study of these data brings out three significant points: (1) in general the states which had high proportions of the aged in 1930 also had more than their pro rata shares of those who had passed their 65th birthdays in 1950; (2) some of the states, however, and particularly Florida, changed radically in this respect; and (3) on the whole, relative to population, aged persons were more equitably distributed among the states in 1950 than they were in 1940 or 1930.

As mentioned above migration is one of the factors, but not the only one, that helps explain the actual and changing distribution of the aged population. A given city, for example, may have had a high proportion of those above 65 in 1950 because at the opening of the century a tremendous boom attracted thousands of young vigorous workers to its industries and commerce; and another may now have exceedingly high proportions of those in the retirement years because large numbers of immigrants made it their home in the years immediately preceding the first world war. A state such as Montana may be experiencing a rapid increase in the percentage of the aged in its population because those who pioneered its development while on the threshold of their productive lives are now in the advanced ages; whereas another, such as Arkansas, should attribute its increasing proportions of the aged largely to the migration of its youth to other states. In still another, Oklahoma, both of these factors have weighed heavily in the spectacular increases of the percentage of those 65 years of age and over. But in spite of all this, the migrations of persons at or near the retirement ages also is a highly significant factor in producing a redistribution of the aged population. Not only are elderly persons migrating in considerable numbers,

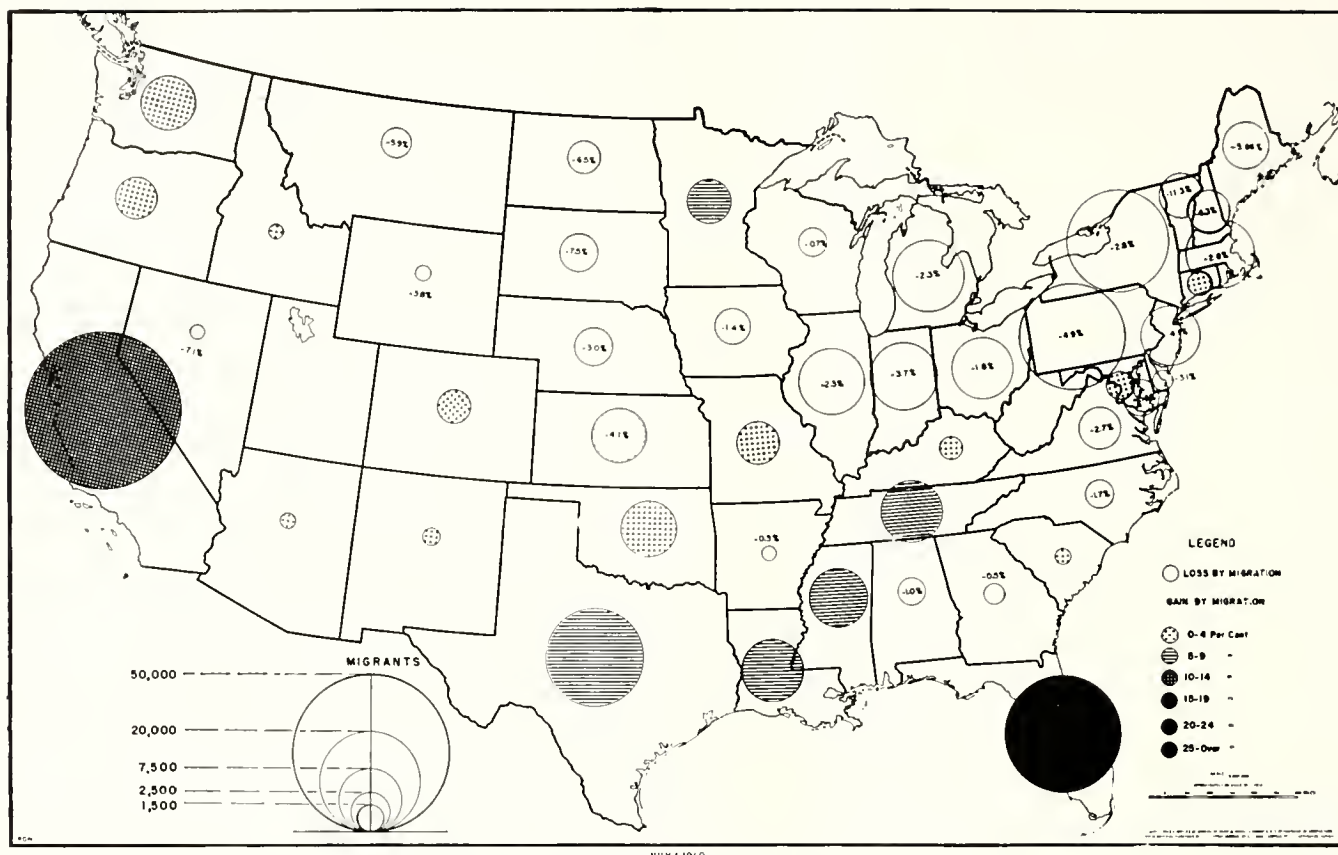


Figure 1. Net Gains and Losses of Persons 65 Years of Age and Over in 1940 Through Migrations in the Years 1935-1940, by States.

but the rate at which they are migrating seems to be increasing.⁸

State-to-State Migrations of the Aged

Materials from the 1940 Census make it possible to determine the net movement of persons 65 years of age and over into and out of each state during the five-year period 1935 to 1940. These data were prepared and mapped in Figure 1. This map shows, with a minimum of study, the net number of elderly migrants entering or leaving any given state; and for the period included it enables one to see at a glance the sections of the country to which aged persons from other parts were resorting. Observation of this material bears out the popular supposition that climate is a powerful determinant in the migrations of the aged. California and Florida were the states gaining most heavily, the former leading on the absolute basis and the latter on the relative. All the other states were far behind, although the

migrations to Oregon, Washington, Texas, Arizona, and Maryland were by no means insignificant. The losses in elderly population through migration were much more uniformly distributed throughout the Nation, although on the relative basis the decreases were heaviest in the Plains States. In the period under consideration New York sent the largest number of aged persons elsewhere, followed by Illinois, Pennsylvania, Kansas, Nebraska, and Missouri, in the order named. The relative decreases were heaviest in North Dakota, South Dakota, Montana, Wyoming, Nebraska, and Kansas, also in the order named.

Unfortunately the 1940 migration data do not enable us to determine the extent to which the elderly migrants to a given state were drawn from other particular states. They do enable us, however, to determine the interchanges of the aged among the four principal sections of the Nation, the Northeast, the North Central, the South, and the West. Of these only the West received a net influx of elderly people from each of the other three divisions, the gains being 20,519, 5,951, and 1,895,

⁸ Cf. Hitt, "America's Aged at Mid-Century," and Dietrich, *op. cit.*

from the North Central, South, and Northeastern sections, respectively. The South was on the receiving end of a net migration of 6,089 aged persons from the North Central state and of 4,928 from the Northeast, but it sent 4,671 to the West. The North Central section received a very small net migration (243) from the Northeast, but lost to the other regions. The Northeast lost to all.

Comparable data from the 1950 Census are still (in February 1954) to make their appearance, but they are likely to be even less useful than those analyzed in the preceding paragraphs. The period covered by the query included pertained to one year only (April 1, 1949 to April 1, 1950), and the information was secured from only a sample of the population. This helps emphasize that indirect approaches are essential if we are to learn very much about the migrations of the aged.

The age distributions of the population at successive dates have been used by various scholars to infer migrations, and such data seem to be almost the sole reliance of those who would have the details about the migrations of the aged. In

order to infer migration from age data one must make certain assumptions. One may assume, for example, that mortality rates are fairly uniform throughout the Nation, so that were it not for migration, the ratio of those aged 55 and over in 1930 to those aged 65 and over in 1940, would be about the same in the various states or other segments of the country. In the United States as a whole the persons aged 55 and over in 1930 had decreased by 39.9 per cent by the time (1940) they came to constitute the population of 65 years of age and over. The emigration of a few elderly persons may have had a slight influence on this percentage, but it certainly is of relative unimportance. On the other hand the fact that the corresponding decrease in California was only 33 per cent and in Florida only 20 per cent is indicative of influxes of elderly migrants into those states; and the large decreases of 44 per cent in North Dakota and 43 per cent in Montana is reason for inferring that many aged persons were abandoning those states for others. For purposes of computation the national average is taken as the norm.

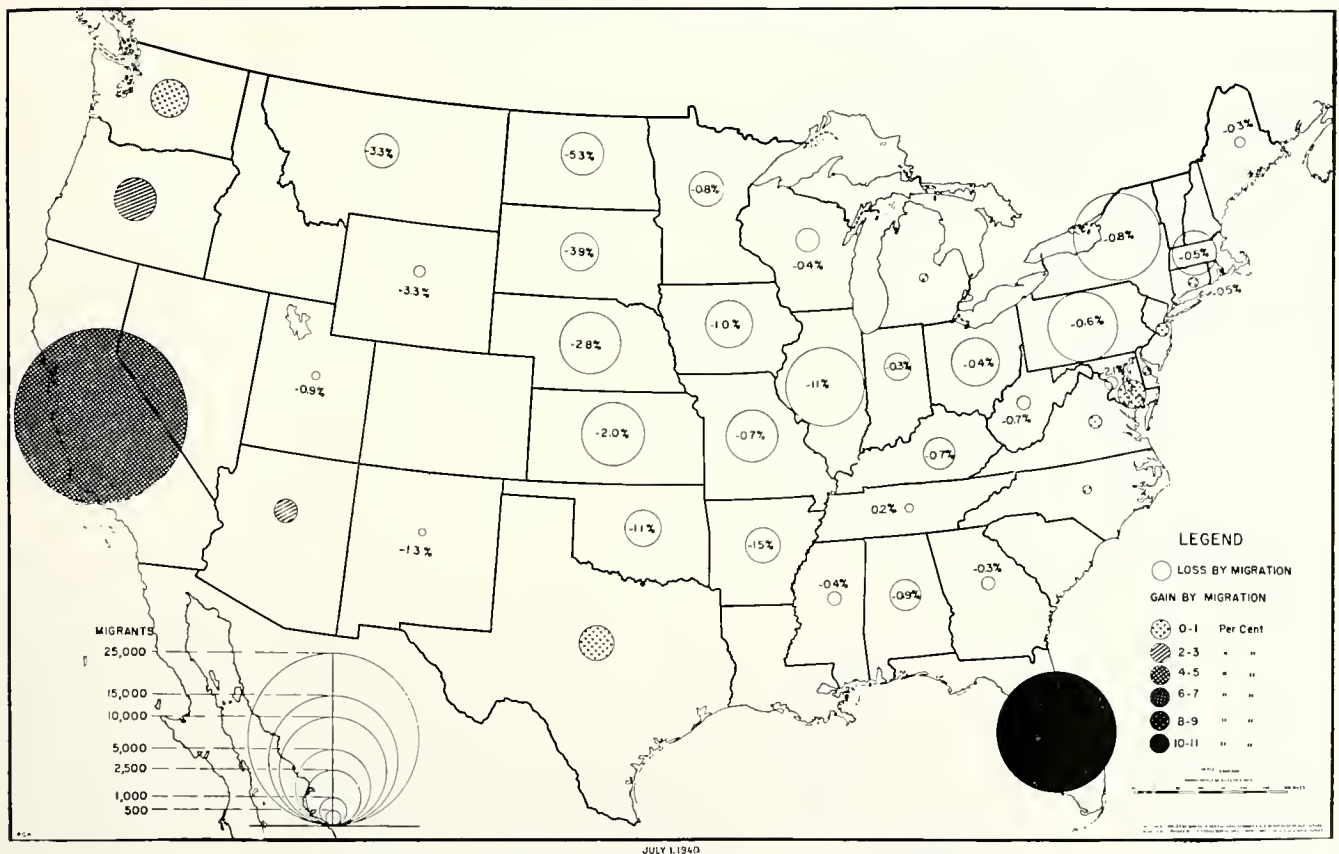


Figure 2. Estimated Net Gains and Losses of Persons 65 and Over in 1940 Through Migrations in the Years 1930 to 1940, by States.

The materials mapped in Figure 2 were secured in the following manner: (1) the population aged 55 and over in 1930 of each state was decreased by 39.9 per cent, the national average, to determine the number of those aged 65 and over there should have been in 1940 had there been no net migration of the elderly; (2) this figure was compared with the enumerated population to determine the amount of gain or loss to attribute to migrations; and (3) the percentages of gain or loss through migration were calculated.

These estimates confirm the conclusion, based on the 1940 Census data, that California and Florida are the states to which the largest numbers of elderly persons resort to spend the declining years of life. They indicate that California alone had 57,000 more persons aged 65 and over in 1940 than would have been the case had there been no net migration to the state. The corresponding number for Florida is 33,000, and Texas with 21,300 is not far behind. On the relative basis, Florida is in a class by itself, with these recent elderly migrants constituting 25 per cent of all those aged 65 and over enumerated in the 1940 Census. California, for which the corresponding figure is 10 per cent, is second, followed by Minnesota, Louisiana, Mississippi, and Texas in the order named.

Pennsylvania is the state shown, by these estimates, to have sent out the largest number of elderly migrants during the decade 1930 to 1940. The figure is 33,200 as compared with 25,800 for New York, the second highest. Others from which the net migrations of the aged were large are Illinois, New Jersey, Indiana, Massachusetts, and Ohio, in the order mentioned. On the relative basis, however, Vermont ranked first in this respect. In that state it would seem that there were 11 percent fewer persons aged 65 and over in 1940 than would have been the case if some of its residents had not moved to other states. In South Dakota the corresponding percentage is 8, followed closely by Nevada, North Dakota, New Hampshire, Montana, Maine, and Pennsylvania.

The same methodology was employed to determine the net movement of persons aged 65 and over into and out of each state during the decade 1940 to 1950.⁴ In order to make the resulting estimates readily available for observation and reflection, they were mapped in Figure 3. Comparison of these materials with those given above indicate that the currents of elderly migrants in

the decade 1940 to 1950 were about the same as those between 1930 and 1940, except that the volume was much greater. Our aged population is tending to migrate at an increasing rate. Apparently there were 130,000 more persons aged 65 and over in California in 1950 than would have been the case had there been no migration of elderly and retired persons to the State during the preceding decade; and for Florida the corresponding figure is 66,400. In each case the volume is more than twice that shown in the estimates for the period 1930 to 1940. Texas (32,000), Washington (11,900), and Louisiana (11,700) are the other states on the receiving end of the largest numbers. Proportionately, the recent migrants figured most heavily in the populations of 65 and over of Florida (39 per cent), Arizona (25 per cent), California (17 per cent), Louisiana (7 per cent), and Texas (7 per cent). These proportions, it will be noted, are very much higher than the corresponding ones in 1940.

For the period 1940 to 1950 New York replaced Pennsylvania as the state sending out the largest number of elderly migrants, the estimated figure being 55,900. This is more than double the estimate for the preceding decade. Pennsylvania, although relegated to second position, lost 52,500 elderly persons to other states, and Illinois, in third place, lost 31,200. Migrations from Ohio, Massachusetts, Iowa, Indiana, Missouri, and Minnesota also considerably reduced the number of persons 65 and over as shown by the 1950 Census. On the relative basis, however, the losses were greatest in North Dakota (13 per cent), followed by South Dakota, Vermont, Wyoming, and Montana, in the order mentioned. It is important to note that the percentage losses in the states sending forth the largest numbers of elderly migrants, New York and Pennsylvania, were considerably heavier between 1940 and 1950 than between 1930 and 1940, the proportion rising from 2.8 to 4.2 per cent in the former and from 4.9 to 5.6 per cent in the latter.

The Rural-Urban Migrations

A highly important development in the United States is a tendency for the Nation's old people to concentrate in the towns and cities. This represents a distinct change from the situation prevailing a quarter of a century ago, and is a trend that may be expected to become more pronounced in the years immediately ahead. Indeed, there seems to be developing in certain sections of the country, those in which a benign climate prevails, a type of urban center in which neither manufacturing, trade, nor transportation is the principal basis for

⁴ The writer is indebted to Dr. Homer L. Hitt of Louisiana State University for computations covering this decade. They are given in the forthcoming article in the *American Sociological Review* mentioned above.

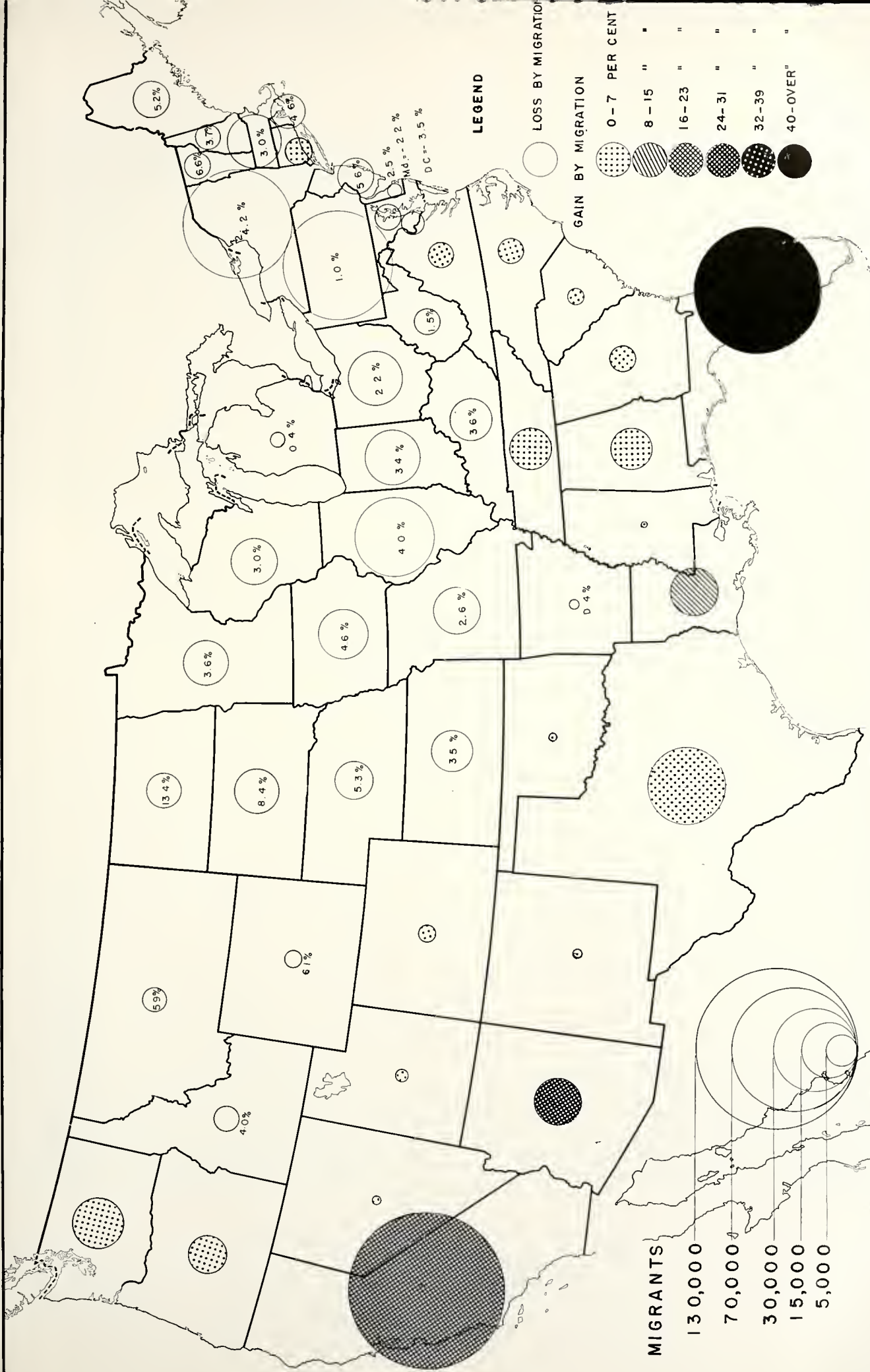


Figure 3. Estimated Net Gains and Losses of Persons 65 and Over in 1940 Through Migrations in the Years 1940 to 1950, by States.

its existence. St. Petersburg, Florida, appears to be in a class of its own in the degree to which a purely residential function, a home for large numbers of elderly and retired people, is the factor which maintains the city and makes for a rapid growth; but most of the cities in Peninsular Florida, many of those along the Gulf Coast, and not a few of those in the Pacific States, also are ones in which a similar residential function is becoming of increasing importance.

The first step in an analysis of this development involves a consideration of the changes in the extent to which the population 65 years of age and over is found in the urban, rural-nonfarm (village and suburban), and rural farm segments of the population. Beginning in 1920, the date at which this rural-urban classification of the population was introduced into our census tabulations, the data show that the urban districts had only 93 per cent of their pro rata share of the Nation's population aged 65 and over, whereas the rural-nonfarm and the rural-farm populations had indexes of 129 and 95, respectively. (If each had contained exactly the same proportion of the aged population as it had of the total population, the percentage or index in each case would have been 100.) This is precisely what was to be expected in view of the origins of the population which accounted for the mushrooming of the nation's cities in the closing decades of the nineteenth century and the opening ones of the twentieth. This rapid upsurge in the urban population was produced by a phenomenal immigration of Europeans, many of whom hoped to work for a few years in the city and then eventually to get homes for themselves on the land; and by a flocking to the towns and cities of the native-born, many of whom had the ultimate objective of going back to the rural communities from which they had come. As shown by the indexes given above, at the close of the first world war the nation's small towns and villages, whose residents in 1920 made up almost the entire rural-nonfarm population, were the places in which the elderly population tended to congregate. At that time the village truly was America's "old folks' home."

⁵The "old" definitions of rural and urban categories are used for 1950.

⁶Included in this analysis are all cities of 100,000 or more and also each additional urbanized area of 100,000 or more even though the central city alone may not have 100,000 residents. The places included on the basis of the data for the urbanized area, and not for the inhabitants living within the incorporated limits, are St. Petersburg, Atlantic City, Lawrence, Lowell, Wheeling, Portland (Oregon), Schenectady, Charleston (South Carolina), Columbus (Georgia), Jackson, Columbia, and Charleston (West Virginia).

Since 1920, as the United States has developed a truly urban population, this situation has changed substantially. From the level in 1920 at which the urban districts had only 93 per cent of their proportionate share of the population aged 65 and over, the index has risen steadily with the passing of each decade as follows: 95 in 1930; 100 in 1940; and 103 in 1950.⁵ On the other hand, as the village population gradually waned and the suburban population waxed in importance within the rural-nonfarm category, the index for that residential group fell from 129 in 1920 to 122 in 1930, 106 in 1940, and 98 in 1950. In the corresponding period, however, the index for the rural-farm population changed very little, merely moving down from 95 in 1920 to 94 in 1950. In the second half of the twentieth century, not only is the nation becoming more overwhelmingly urban, but large town and cities of some kind are to an increasing degree the communities in which the elderly population resides.

Concentrations of the Aged

The migration of the aged is not, of course, the only factor making for a concentration of old persons in urban districts, but certainly it is one of the more important of the factors. Its role is made even more apparent if the analysis is extended next to the particular cities which make up the bulk of the urban population.

This is readily done on the basis of the 1950 Census returns for cities of 100,000 or more.⁶ Such analysis indicates that St. Petersburg, Florida, which in 1950 had 260 per cent of its pro rata share of the Nation's population aged 65 and over, stands in a class by itself in the degree to which a constant stream of elderly migrants replaces those who pass away and adds substantially to the number of those assembled in one given locality. Its nearest rival in this respect is Pasadena, California, with a score of 207 per cent. Next in order are Atlantic City (146), Long Beach (138), Spokane (137), Rochester (136), Portland, Maine, (136), Utica (135), and Reading (131). Other cities containing considerably more than their pro rata shares of the population 65 years of age and over, listed in the descending order of the scores, are as follows: Lawrence (128), Lowell, Worcester, Wheeling, Seattle, Tacoma, Portland (Oregon), Albany, Cincinnati, Duluth, Grand Rapids, Sacramento, Providence, Springfield, Boston, Patterson, Schenectady, San Francisco, Los Angeles, Minneapolis, Berkeley, Oakland, and Syracuse (117). Of course in some of these (such as Reading, Patterson, Utica,

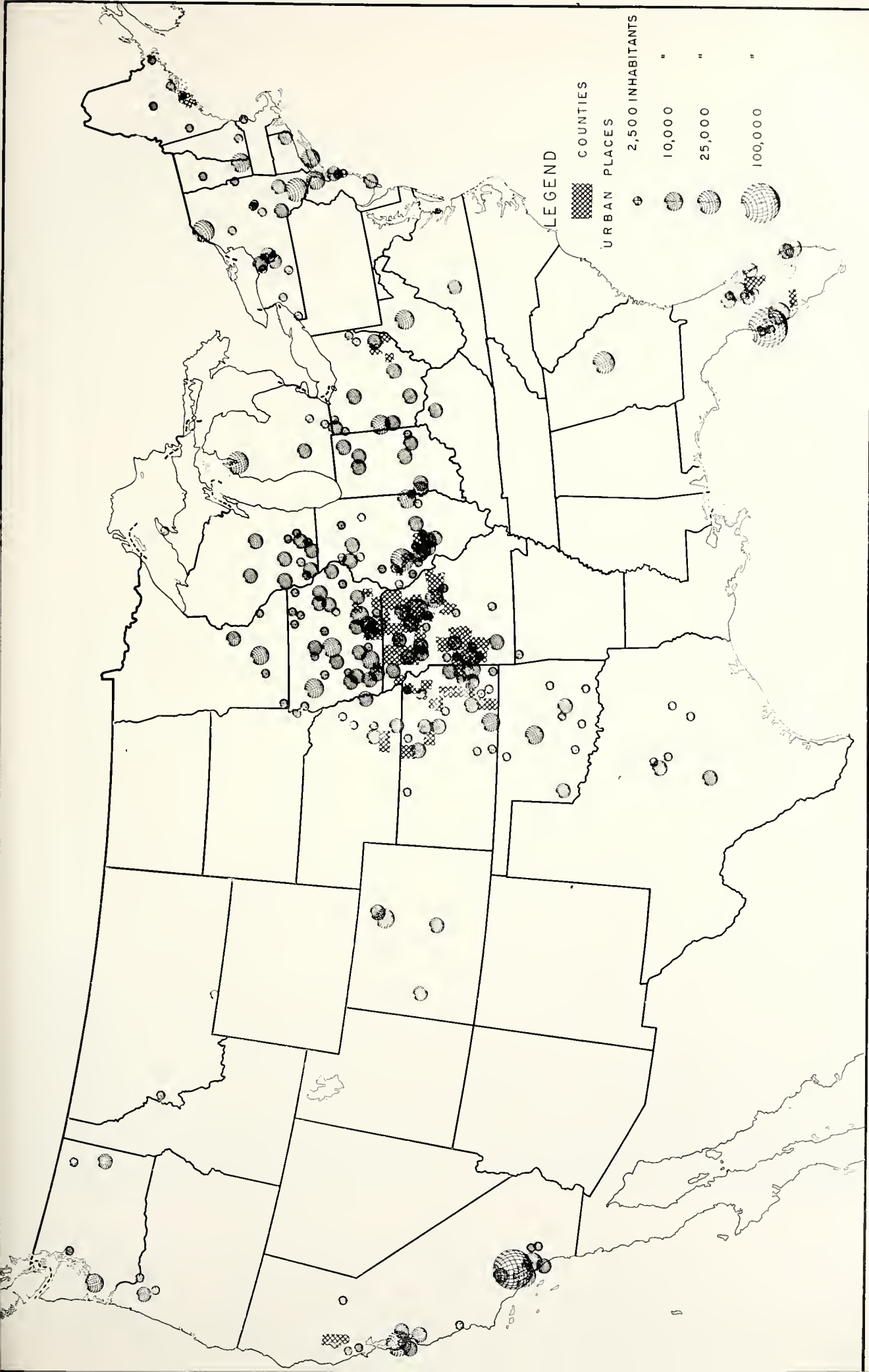


Figure 4. Counties and Urban Places Which Had in 1950 More Than 17½ Per Cent of Their Pro Rata Shares of the Nation's Population Aged 65 Years and Over.

Providence, Lawrence, Lowell, Rochester, Albany and Duluth, in which population either decreased or increased very slightly between 1940 and 1950), the present high proportions of old people may be due principally to the gradual aging of working forces which concentrated earlier in the century when the cities were growing rapidly. In the case of those which experienced rapid growth of population between 1940 and 1950, however, the influx of the aged through migration undoubtedly is responsible for the high scores. Those mentioned above which fall in this category include St. Petersburg and Long Beach, with population increases during the decade under consideration of 59.1 and 52.7 per cent, respectively, and Berkeley, Spokane, Tacoma, Los Angeles, Sacramento, Oakland, Seattle, Portland (Oregon), and San Francisco, in which the increases ranged from 33.0 per cent in the first named to 22.2 per cent in the last mentioned. In the other both of these factors probably were of considerable importance.

Before leaving this subject it seems well to identify the cities which have the most marked scarcity of old people. In this respect Corpus Cristi stands at the extreme. In 1950 those of 65 and over constituted only 3.7 per cent of its inhabitants, so that based on the national average of 8.1 per cent, it had only 46 per cent of its pro rata share of the old people in the United States. Its nearest rivals are Charleston (South Carolina), Baton Rouge, Columbus (Georgia), and Charlotte, with indexes of 53, 54, 57, and 59, respectively. Then, in descending order, come Houston (62), Gary, Norfolk, Jackson, Columbia, El Paso, Detroit, Charleston (West Virginia), Savannah, Mobile, Dallas, and Montgomery (75). Most of these cities also were characterized by very rapid rates of population increase between 1940 and 1950, so that the low proportions of the aged in them does not necessarily mean that they have not been attracting elderly migrants in large numbers. For example, Houston, Texas, which had only 384,514 inhabitants at the time of the 1940 Census, had an enumerated population of 596,163 in 1950, an increase of 55 per cent for the decade. Had its population of 55 and over in 1940 fallen off in the same proportion (37.4 per cent) as that of the Nation by 1950, the time it became the group aged 65 and over in 1950, only 24,566 of them would have remained. Actually, 29,775 persons aged 65 and over were enumerated in Houston by the 1950 census. Thus, the city probably contained more than 5,000 more persons aged 65 and over in 1950 than would have been the case had there been no migration from elsewhere. Nevertheless, it at-

tracted so many people of other ages that the proportion of old persons in its population remained very low.

On a limited scale a similar type of analysis may be extended to the smaller cities and towns of the Nation, and also to the counties into which the states are divided. In so doing, in order to keep the amount of detail from becoming absolutely prohibitive, the urban centers and counties in which 14.2 per cent or more of the population is aged 65 or over may be considered as the ones in which there is a striking concentration of the aged. This seems to be a suitable criterion since, on the relative basis, any town, city, or county with 14.2 per cent of its population in these advanced ages has 175 per cent of its prorata share of the Nation's aged population.

Throughout the Nation two different sets of factors, both involving the migrations of those at or near the retirement ages, probably account for the overwhelming proportion of such concentrations. To begin with in certain highly agricultural sections the continued rural depopulation brought about by the mechanization of agriculture leaves high percentages of elderly folk in the remaining population. In turn many of them upon retirement take up residence in the villages and towns which constitute the trade and service centers of the area. In the second place there is the inter-regional movement of persons at or near the retirement age, similar to that which produced the high proportions of elderly persons in some cities of 100,000 or more described above. The only difference is that the communities in which they settle are smaller.

Starting with New England and continuing with the Census Divisions in turn, the small urban centers and the counties in which there is a high concentration (14.2 per cent or more of the population in the ages 65 and over) of the aged may be identified. (See Figure 4 for their sizes and locations.) In 1950 Maine had five such small cities, namely, Bar Harbor, Camden, Dover Foxcroft, Eastport and Noway; and two counties, Knox and Lincoln. No other New England counties served as retirement localities to the degree indicated, and only the following small urban centers: Milford, New Hampshire; Battleboro and Waterbury, Vermont; Rockport, Massachusetts; and Thamesville, Connecticut.

In the middle Atlantic States, Seneca County, New York, was the only county in which those aged 65 or more made up more than 14.2 per cent of the population. Nor in 1950 were any Pennsylvania towns and cities serving as retirement centers

to the degree prescribed. However, in New York the list of small urban centers with significantly high proportions of the aged is fairly long, including, Canajoharie, Canisteo, Cooperstown, Fort Plain, Granville, Kingspark, Lowville, Lyons, Middletown, Ogdensburg, Palmyra, Penn Yan, Saugerties, Springville, Walton, Waterloo, and Westfield. Five small New Jersey centers also figure, namely, Manasquan, Ocean City, Ocean Grove, Point Pleasant Beach, and Secaucus. The relative importance of elderly persons in Ocean Grove, in which 32.7 per cent of the inhabitants in 1950 had passed their 65th birthdays, is almost the highest in the Nation, ranking below St. Cloud, Florida, only.

The East North Central States in which relatively high proportions of the elderly people spend their declining years in the small population centers. The only counties qualifying for mention on the basis of the criteria used are Guernsey, Monroe, and Morgan in Ohio; and Brown, Montgomery, and Morgan in Illinois. However, the list of urban places is much longer, including in Ohio: Barnesville, Carrollton, Eaton, Greenville, Hicksville, Hillsboro, Lisbon, Logan, Montpelier, Upper Sandusky, and Wauseon; in Indiana, Brookville, Franklin, Greenburg, Kendallville, Linton, North Manchester, Rochester, and Sullivan; in Illinois, Bushnell, Carlinville, Casey, Dwight, Galva, Geneseo, Gillespie, Greenville, Hillsboro, Jacksonville, Marshall, Morrisison, Nokomis, North Quincy, Paris, Pittsfield, Princeton, Rushville, Sandwich, Shelbyville, Staunton, Virden, and White Hall; in Michigan, only Traverse City, Chelsea, Hastings, Hudson, and Laurium; and in Wisconsin, Columbus, Dodgeville, Evansville, Lake Mills, Lancaster, Monroe, Neillsville, Platteville, Reedsburg, Stoughton, Viroqua, and Waupaca. Nokomis, Illinois, in which 19.6 per cent of the population was 65 or over, is the extreme in this area, although Chelsea, Michigan (18.5 per cent), and Evansville, Wisconsin (18.2 per cent), also have very high proportions of the aged.

The West North Central States are the ones in which rural depopulation has left relatively high proportions of these in the advanced ages in the agricultural districts and in which large numbers of them have concentrated in the villages and towns which are dotted about the landscape. In North Dakota, however, the movement of people at or near the retirement ages from the state has been so large that no city or county has 14.2 per cent of its population in the ages 65 and over. In South Dakota, too, only the small city of Canton must be mentioned; and in Minnesota no counties and only the small urban centers of Anoka, Lake City, Luverne, St. Peter, and Springfield figure in the

list. Nebraska contributes Clay and Fillmore counties, and the cities of Bellevue, Fairway, Schuyler, Seward, West Point, and York. In the other three states, however, Iowa, Missouri, and Kansas, the contributions to the list of counties and of small urban centers are numerous. In Missouri alone there was in 1950 a total of 24 small urban centers and one of 40 counties in which the proportion of those aged 65 and over was 14.2 per cent or higher. That rural depopulation is the basic factor is indicated by the fact that, of the counties included, all except one had fewer inhabitants in 1950 than in 1940; the decreases in population amounted to more than 10 per cent in 30 of them and was above 20 per cent in two. In Missouri aged persons were of greatest relative importance in Shelby (19.3 per cent) and Schuyler (17.5 per cent) counties, and in Eldorado Springs (23.8 per cent), Cameron (19.6 per cent), Slater (18.4 per cent), and California (18.2 per cent). In Iowa seven counties and 34 small urban centers had 14.2 per cent or more of those aged 65 and over in their 1950 populations. The small centers of Bloomfield (18.8 per cent), Waukon (18.7 per cent), and Belle Plaine (18.4 per cent) were the places in which proportions were the highest. Kansas, with 13 counties and 19 small urban centers which qualify for the list, also is a state in which the village and small town continues to function importantly as a residence for the aged.

The highest percentages are in the following centers: Cherryvale, 20.7; Holton, 20.2; and Hiawatha, 18.8.

Except in Florida, important concentrations of the aged, either on the absolute or the relative bases, are not to be found in the South Atlantic States. In 1950 there were no counties nor small urban places having as high as 14.2 per cent of the population aged 65 and over in the states of Delaware, Maryland, North Carolina, and South Carolina. In West Virginia only the small city of Weston qualified and in Georgia only the center of Midway-Hardeck. In Virginia, Mathews County and the city of Bedford figure in the list. In Florida, however, the influx of those from other states has helped raise the proportion of old people in the population of Pinellas County to 18.8 per cent, in Osceola County to 21.6, and in Charlotte County to 14.7. St. Petersburg is the seat of the first of these and St. Cloud, a small city of 3,000 inhabitants, in which those of 65 and over constituted 41.6 per cent of the 1950 population, is the seat of the second. Other Florida centers which qualify for the list are Bradenton (18.9 per cent), Dunedin, Eustis, Gulport (22.3 per cent), Kissimmee, Lake Worth (21.5 per cent), Melbourne, Mount

Dora, Palm Beach, and Winter Park. Without exception these centers are located deep in Peninsular Florida; and the increases in population registered between 1940 and 1950 range between the lows of 3.7 per cent and 33.6 per cent, in Palm Beach and Kissimmee, respectively, and the highest of 32.1 per cent in Dunedin, 82.8 per cent in Bradenton, and 134.2 per cent in Gulfport.

In the four states (Kentucky, Tennessee, Alabama, and Mississippi) which make up the East Central census division, no county and only the small city of Cynthiana, Kentucky, figure in the list of those with high concentrations of elderly persons. Similar is the situation in two of the states, Arkansas and Louisiana, in the adjacent West South Central division. Bentonville, Arkansas, is the only city that meets the criterion used and none of the counties in either state so qualify. In Texas, six small cities have sufficiently high proportions to be included, Calvert, Comanche, Dublin Fredericksburg, Hamilton and Teague, of which the last named with 17.4 per cent of its population aged 65 or over is the extreme. Oklahoma, the other state in the division, however, partakes of many of the characteristics of its neighboring midwestern states. In it the cities of Antlers, Checotah, Cherokee, Guthrie, Holdenville, Konowa, Mangum, Marlow, and Sulphur all have large proportions of the aged, the percentage of 17.5 in Sulphur being the highest.

The Mountain States are another area in which significant concentrations of the aged are few.

None of the states in the division contain a county in which those of 65 and over made up as much as 14.2 per cent of the 1950 population. In Idaho, Wyoming, New Mexico, Arizona, Utah, and Nevada, there also were no small urban places with a comparable concentration of the aged. In Montana, however, Hamilton and Red Lodge belong in the list, and the same is true of Canon City, Delta, Longmont, and Loveland, in Colorado.

Despite the tremendous migration of persons of all ages to the Pacific States in recent years, two counties (Lake and Santa Cruz, both in California) and 21 small cities are included in the list of those in which 14.2 per cent or more of the 1950 population was aged 65 and over. In Washington the cities are Centralia, Colville, Medical Lake, and Snohomish, in which the 17.2 per cent for Medical Lake is the highest; and in Oregon only Gresham, Newberg, and Silverton qualify, but none of them have as high as 16 per cent. California contains all the others, Atascadero, Beaumont (18.6 per cent), Carmel-by-the-Sea, Claremont, Healdsburg, Hemet (18.3 per cent), Laguna Beach (18.9 per cent), Los Gatos (18.3 per cent), Nevada City, Orange, Santa Cruz (20.6 per cent), Sebastapol, South Pasadena, and Twin Lakes-Delmar.

In the years which lie ahead the concentration now prevailing throughout the small midwestern centers will probably disappear; whereas those in the more southerly climes, and those in the Pacific Coast are likely to wax greatly in importance.

The Older Person in the Modern Family Structure

By Miss Ollie A. Randal

Consultant on Services for the Aged, Community Service Society of New York

IMPLICIT in the topic under analysis is the assumption that the older person belongs in the modern family, an assumption which some people are inclined to believe modern mores deny. Yet if we were to delve beneath the surface we would realize that to deny this is to deny the ties of blood and of family kinship upon which not only the structure of the family but our entire modern social structure rests.

So far as I can discover, no one has found that "the family" as a basic social unit has been replaced nor has it been improved. It is, to our knowledge,

the best social invention yet devised to nurture the human being and to develop the human personality.

The Family Function

As the anthropologists and sociologists tell us, "the family" has throughout the ages and in most civilizations had, as its major function, the care of the young and the old. This is true in our society, and there is no question but that the fundamental function of the family remains the same. It is merely in the manner of the discharge of its major function so far as the elderly are concerned that any observable change has actually occurred.

It is inevitable that "the big change"—that all inclusive phrase for the drastic changes in communication, in transportation, in education, in architectural design and in the building of housing and communities, in an economy shifting its base from agriculture to industry, even in farming itself—would also directly affect the way the family lives and the way it carries out its purpose. We are part of a rapidly expanding civilization which impinges upon each of us directly and forcibly carries us along with it. There is no escape from these changes. As a rule we welcome rather than resist them. Yet we find the most persistent clinging to tradition in the reluctance of old and young alike to accept their meaning in the organization of family life, especially so far as the elderly are concerned.

Changes in Manner of Discharging Family Function

The country over we hear that the young are failing their elders—are failing to assume their responsibility for their own families. A well known economist recently stated she was weary of hearing about the "poor, poor young people" who are faced with the burden of support of their parents. Nevertheless, I would contend, just because of this, that there must be more thorough and widespread understanding by the public of the effect of the social security program. This program is one result of economic change and to some extent transfers the



Yesterday the elderly found fun, friendship within the family and neighborhood circle; today, they find these rewards in clubs, day centers and other groups.

meeting of this responsibility by direct subsidy to meeting it by an indirect subsidy made through tax-supported assistance and social insurance programs.

If the young people of today are, through the payment of taxes, to provide adequately for their own old age, for the general program of assistance for those already old, and also meet the social obligation they have assumed for a wife (or even wives!) and children, then there is bound to be some easing of the amount of direct subsidy for their elders they are also expected to make available. In this is the real essence of the change in the manner of discharging the family function of caring for the old.

We are all aware that in an earlier and simpler economy, when there were fewer old people, responsibility for the care of the elderly was generally discharged by several generations of adults living in a common household and by sharing family assets in a direct fashion. There is no need to labor the point that the possibility of meeting this responsibility in this way becomes less and less realistic as changes take place, and if the truth be told, less and less desirable. We often hear or read that there are fewer three generation families today than ever before. Statistics refute that statement, if it is taken literally, for it is inconsistent with the fact that there are more people surviving to old age than ever. A more accurate statement might be that there are fewer households of three generations living together, for which the reasons are fairly obvious. Yet this should not be discouraging, for it does mean that there is a growing tendency for all of us—young and old—to live our own lives independently so long as this is possible or desirable. Intellectually we accept this as good, but emotionally many elderly people find it hard to take, when their children cannot house them, so that a strong and rather devastating sense of guilt is apt to be aroused in the members of each generation.

Needs of the Older Person

At the Family Life Conference held in Washington in 1948, several of the major needs of the elderly—whether dependent or independent, living in a family group or living alone—were very briefly summarized as follows: they require a more optimistic attitude both toward themselves and old age, *per se*; and inclusion in the family and the community on terms which recognize their essential importance and human dignity. And to my mind, mutual understanding by the older person and by the family of what is meant by “inclusion in the family” in today’s world is an even greater need.

The vital element of “inclusion” in the family circle—a strangely shaped circle these days—is not that all members of that family live under one roof. Rather it is the maintenance of the feeling of being one of the family in its culture—in its contribution to the community and to society generally—of being strengthened by the fact that one’s own people care what happens to one, of their sharing in the good and bad things of life, even though they may be able to do little to prevent or to alleviate in a practical way the misfortunes or the losses which come to most of us as we grow older.

There is just as much obligation upon the older person as upon the younger members to work toward the maintenance of this sense of being one of a group unique in its organization and its membership—for every family is quite different from every other family, each having its own personality. That this sense of belonging can often be achieved in separate households with more success than in the intimacy of a close family living arrangement bespeaks the need for keen sensitivity to those things which create an atmosphere congenial to the individual, young or old—to the differences as well as the likenesses of people who share the same family heritage—to the superficial changes time brings, which, unless care be exercised, can destroy rather than preserve the underlying intangibles which really bind families together—wherever or however they live.

Factors Congenial to And Inimical to Family Unity

It goes without saying that the degree of maturity and stability attained by each adult member of the family either makes for or prevents frictions in the happenings of daily life. The ability to adjust—to accept the changes in status which time brings to those of each generation, but more startlingly to the older folks—contributes to the cohesiveness of family life. But it is essential to recognize that there is in a family constellation of adults some elusive quality—something quite indefinable—quite different from anything which exists in a group of adults who live together but who are not bound together by family ties. What there is which means that within the family there is propriety in relaxing the conventions of social exchange which outside the family at least help keep up an outward semblance of harmony has never yet been satisfactorily explained. Why we can be “impatient with our elders at home,” as one clergyman put it, and yet be patient with those not of our own family is a puzzling question. Yet the very fact that this is so is the basis for the ever-growing use of the family

setting for foster home or boarding home living arrangements for older people, since in this way use is made of the atmosphere of "family" as preferable to that of a larger group, for the elements which in one's own family can prove destructive—the open expression of impatience, even of disrespect, and of competition for place—are lacking.

We cannot afford to overlook the fact that success or failure to satisfy other major needs of older persons contributes directly to family harmony or disharmony. Just take, for example, the opportunity to have gainful employment, adequate financial support from an acceptable source, appropriate health and medical care in properly planned facilities, of suitable housing available within the reduced incomes characteristic of the elderly, leisure-time activities and opportunities for normal association with others of their own and all age groups, as well as the help which the ministry of the churches offers in meeting spiritual needs. If these needs of the elderly are met, in whole or in part, then the chances are that personal relationships within the family will suffer less than when any one of these

needs is acute and conspicuous by being unmet.

All of this is quite clear when one thinks of the elderly man of 75 who came to our agency's office recently. The problem he presented was not his, but his mother's! This is an increasingly common two generation family. (All two generation families are not young!) The man was still employed, and his real dilemma was to decide whether it was wise to give up his job in order to take care of his mother of 100, who was about to be discharged from a hospital and who would need someone at home to help her. Not all family situations can be quite so dramatically described, but there are many younger members of families held just as captive and home-bound by the chronic invalidism of their elders as are the elders themselves. Many of the family problems—if they exist—grow out of the paucity of interests and activities outside the family for the elders. Some of them come from too little money—but almost as many come when there is enough money but not enough understanding of the need for mutual respect on the part of old and young. A woman asked the other day whether I agreed with



Mrs. Luisa Skrotzki paints a ceramic angel at Freeport Senior Citizens Club.



Mrs. Henrietta Walters finds outlet for creativeness in making her own Christmas cards at East Rockaway club for senior citizens.

her that the old people of today were being denied the respect to which they were **entitled** and which the elders of yesterday received as their due. My reply was not precisely tactful, nor what she wished to hear—but it was a truthful expression of my opinion. It seems to me that no one merits respect **merely** because he has grown old (for after all that is far from a unique experience nowadays, for which we can take little or no credit). But if, in growing old, he has also acquired with his years wisdom, grace, and an appreciation of the rights of others, then he is indeed worthy of respect from his family and from his fellowmen.

Whether the older person lives in the household or apart, if there is to be love and affection for one another, there must be room in the minds and hearts of every member of the family for those two bears my father believed belonged in every family —“bear and forbear”.

In conclusion, for the sake of both the very young and the old, let us hope the place of the older person in the family will remain firm and unquestioned. Unless this be so, there can be little sense of the continuity of life itself—of the very meaning of life to each of us.

*Health and Welfare Services for the Aged*¹

By Thomas C. Desmond

Chairman, New York State Joint Legislative Committee on Problems of the Aging

SOME years ago our public conscience was shocked by the assertion that one-third of our people were "ill-clothed, ill-housed and ill-fed." If that was true of the nation as a whole, it was particularly true of our old people. And if, for the nation as a whole, that situation has improved in more recent years because of record employment and record incomes, it has not improved as much for the elderly.

If we look back far enough, we can see that the problem of old age security was not nearly as serious as it is today for the simple reason that a larger proportion died before they became old. The survivors had two principal sources of income and support: continued employment and aid from their children.

But what has happened now? Our oldsters are no longer independent farmers and self-employed tradesmen who can continue to work and earn as long as they wish and as long as they are able. Generally speaking, they live in urban and industrialized areas where they must depend upon someone else for employment, and where the importance of experience, skill and quality has given way to speed, set schedules and mass production. The age of usefulness is decided by the employer, often without regard for the older worker's desire or need for continued employment.

Aged parents also have fewer children now to help share the burden of their support. Sixty years ago there were about five children per family in this country. The present average is only a little more than two.

The Federal Security Agency reports that families with a wage earner who is elderly are mostly low income families. If he is retired, his retirement income is low. A relatively large number of families in this category are dependent upon old age assistance.

Only three years ago, 1950, half the families whose head was 65 or over had a cash income below \$3,000. Three in every ten families had less than \$1,000 in income. In that year the Bureau of Labor Statistics estimated that an aged couple,

retired and living in the city, would need from \$1,600 to \$1,900, depending on the city of residence, to maintain adequate living standards.

Old people living alone have even smaller incomes than families with an elderly wage earner. In 1950 half the persons aged 65 and over living alone had cash incomes of less than \$650.

The Section on Income Maintenance of the First National Conference on Aging reached the conclusion that: "Though older people have fewer family responsibilities than younger adults, it is obvious that, with the sharp drop in cash income as they pass their middle sixties, it becomes increasingly difficult for the majority of them to make ends meet."

With high taxes and high prices, the opportunities for savings have lessened, and these same factors which contribute to the insecurity of the old folks make it harder for children to help support their aging parents.

More figures and more evidence could be given to show the very unfavorable and precarious economic position of our old folks, and to indicate why there is and must be a growing acceptance of the fact that old age dependency is becoming more and more a community rather than a family responsibility.

All of these facts should explain at least in part why nearly every aged person suffers malnutrition in some degree. The evidence explains, also, why the aged are more poorly housed than any other group. They cannot buy or rent decent accommodations because many lack sufficient income. We have concentrated on building homes for veterans, young families and the middle-aged, while neglecting housing for the aged, most of whom are in the low income class. When the taxpayers pay rent, through old age assistance programs, for old people who need help, they are in many instances actually subsidizing slums.

There is little truth in the oft-repeated idea that old people's financial needs shrink markedly. But there is little doubt that medical expenses increase as a person ages. Yet what is the situation here? A survey by the New York State Joint Legislative Committee on Problems of the Aging

¹ Reprinted from *Today's Health*, Oct. 1953, with permission.



shows that, because of various age limitations of insurance companies, health, hospitalization and accident coverage are suspended just when such protection is needed most, in old age. Medical care requirements reach a peak then, but earning power sinks to a low ebb or vanishes entirely.

Of course, not all of our old people live in poverty; but other afflictions of later years, such as chronic illnesses, haunting loneliness and frustration, strike rich and poor alike. Certainly those who reach their advanced years with more material comforts than their less fortunate elderly neighbors should not be denied assistance in making their lives enjoyable and satisfying. However, a community is taking only a common-sense recognition of conditions as they exist when it slants its activities and services for the aged toward

the poor, because there are so many of them.

The problems of old age encompass many fields. They embrace a feeble ex-carpenter of 65 whose children, unable to support him, have to send him to an institution; a 60-year-old former school teacher who, mentally alert and vigorous, chafes at her forced retirement to idleness and sinks into profound melancholia; a wrinkled octogenarian whose bones are racked with arthritic pain; a 70-year-old widow who recently lost her husband and now sits half-fearfully, half-hopefully awaiting death; a sprightly old gentleman who, dreading old age, becomes beset with neuroses, develops imaginary foes and has to be sent to a mental hospital; and a rugged chemist of 60 who cannot find a job because he is "too old."

These situations present individual problems, and they must be met on an individual basis. No one service, no one approach, no one type of institution will help all older people with such varied needs. The concept of the "older person" is fraught with danger; there is no average older person; it is a statistical delusion. The needs of old people vary not only in kind but in degree.

The New York State Joint Legislative Committee on Problems of the Aging has attempted, and quite successfully, to stimulate local programs where the different needs and facilities of the communities can be taken into account. Often when we have been invited to some locality to confer with a group and to offer what guidance we are able in the inauguration of a program for the aged we are asked: "What one service can we provide that is most needed," or "What is the outstanding need of our older people that has to be met?"

There is no right answer to such questions, or at least none that we know of. The bedridden invalid will not benefit from a recreation center, but scores of oldsters may find enjoyment and companionship there; the retired, wealthy ex-banker probably would not welcome and does not need counseling and placement service for employment, but income from employment may be a desperate need of many; the oldster who is well-housed might have little interest in a housing program for the elderly.

Generally, our suggestion to the community has been something like this: "Consider not only what is needed and what is possible at the present time, but make long-range plans. Begin with one specific activity, if you wish or if necessity dictates, but consider that activity or service only the first part of larger programs to come. Never be satisfied with what you have or what you have done.

There is always room for expansion and improvement."

If we were to think only in numbers, without regard for the widely varying individual needs of older people and the degree and intensity of such needs, then it might be fairly said that employment and health problems should be given a high priority in any program for the elderly because these problems affect so many.

The best remedy against dependency of the older person, the most acceptable to him and the most feasible to both him and the community is an increase in opportunities for gainful employment. Despite the myths about the blessings of retirement, the ease of life on a pension, annuity, public assistance, savings or insurance, no satisfactory substitute for self-support through work has been found for the person who wants to maintain his customary standard of living, who wants to be useful, who wants the feeling of accomplishment that goes with productive effort, and who wants to contribute something to society as long as he is able.

Lack of work opportunities contributes greatly to frustration and despair in older people. Housing problems, too, are caused to a considerable extent by lack of economic independence. Our whole community attitude toward old folks is conditioned by their inutility, **for which the community itself is responsible.**

But men in the health field, while recognizing the importance of increased work opportunities, would subordinate employment to providing adequate health services for the elderly. Plans for employment, welfare services, housing and recreation depend primarily, they tell us, on the good health of the participants. The Surgeon General of the United States has expressed his belief that public health is the key, if not the definite solution, to the total problem of aging.

We are all aware of the tremendous strides being made in medical science. One of our top scientists has estimated that 30 per cent of people who have reached the age of 65 owe their survival to advances in public health and medicine since they were born. Once people died young. Now they have an even chance to live to be healthy oldsters. But it is still only an even chance. We are at a turning point in medical research. From now on the emphasis should and must be on combating chronic illness and degenerative diseases.

We have largely subdued the infectious diseases and plagues. Only 50 years ago the greatest killers were tuberculosis and pneumonia. Today these diseases have been pushed down to relative unim-

portance, while heart disease, cancer and cerebral hemorrhage have gained prominence. These are among the chief cripplers of the oldsters. Unless something is done to prevent them, one-half of the children born this year will ultimately die of degenerative diseases of the circulatory system and kidneys.

If you have elderly parents or relatives, chances are that you have already seen or soon will see insidious degenerative diseases of the mind and body at work. Old age is peculiarly the field of chronic disease, which causes a million deaths annually. Yet, the picture is not all black. Far from it. Medical authorities tell us that older people respond as favorably to the amazing new antibiotics as younger ones, that operations are about as safe for them, also, and that these and other advances in medicine are making lives not only longer, but more pleasant.

The great need now is to provide the facilities, equipment and personnel for the old people handicapped by illness, and to bring these aids within the reach of the elderly. It goes without saying that our goal should be not only to provide treatment for the chronically ill and handicapped, but to provide the proper individualized treatment.

Our general hospitals and our mental hospitals are loaded with elderly patients. Such facilities are costly. While we recognize that old people



are entitled to their full share of hospital facilities, and that such institutions may be the proper place for first referral and diagnosis, older patients should not remain in them simply because there is no other place for them to go. Dr. Robert T. Monroe of the famed Monroe Clinic in Boston believes it is unlikely that we will ever have so many beds for chronic disease that we can tolerate indefinite residence in them.

Through public health education, through emphasis on prevention, rather than treatment after damage has been done, through home care, nursing and housekeeping services and rehabilitation, much can be done to ease the burden on our hospitals. And much can be done to regain for the elderly patient a useful place in society, or at least enable him to remain at home with his family in familiar surroundings.

For chronically ill patients a community needs everything from custodial care to a special hospital or hospital wing. Rehabilitation is important at all stages in the illness of old people. But we should remember that by rehabilitation in this sense we really mean minimizing the effects of chronic illness, not changing the fact of old age.

In the care of older patients we must consider, besides the medical aspect, the socio-economic problems which do not lend themselves to routine medical treatment because they reach out into social and economic situations. Loss of friends, loss of economic independence, poor housing, inability to express an aptitude can often be as crippling as a physical impairment and can seriously complicate treatment of physical ills. That is why the chief assistants of Dr. Monroe in Boston have been not white-clad nurses and consulting surgeons, but social workers and psychologists. That is why the Monroe Clinic considers among its indispensable tools such varied services as education courses directed toward new jobs and new hobbies; public library lectures; employment centers; summer day camps, swimming pools, social clubs, dance halls and other recreation centers.

In short, our old people, like any other group, need all the resources and services that a community can provide.

Our committee is convinced that when communities adopt broad programs for our aging population, covering job campaigns and counseling, better housing, recreational facilities, adult education, home care services and others, the proportion of oldsters needing mental and general hospital care will be substantially reduced.

In planning these broad programs for the aged it is important to consider at least two specific groups. First we must think of those who are already aged, who for all practical purposes have already been largely discarded in a youth-worshipping society. They are the victims of the brutal idea that the elderly are economic liabilities and should be treated like antiquated machinery, discarded, junked, undeserving of any substantial outlays to extend their usefulness. "Why waste money on the old folks? They're going to die soon anyway." This statement reflects an attitude quite prevalent until recently, and not yet banished from the thinking of many people.

The other group consists of the present-day middle-aged and aging, those approaching old age. To them the hope of future achievements may already be fading and the realities of life becoming more discernible. Certainly the picture of old age, as we now know it, must be viewed by them with anything but hope and anticipation.

We can change that picture with the new knowledge we already have, with the progress that has been made in science, in social living and in all fields of social endeavor. Yet all will be lost unless we take decisive action to close the unfortunate lag between the knowledge we have and its translation into social policy.

Most urgently needed in meeting the problems of old age is a better understanding of the older person, both by himself and by society. As an individual he is, of course, to a great extent responsible for his own welfare, and he should help himself in every way he can. But an oldster often feels justifiably that he has been denied opportunities and rights to which he is entitled. And he often wonders to what degree he is responsible for his plight and to what degree his environment, baseless prejudices and attitudes toward him have blocked his path in the pursuit not only of reasonable happiness, but the basic necessities of life.

Problems of the aged are not much different in many instances from the problems of anyone else. But it is more difficult for the older person to cope with his problems. He therefore looks more to the encouragement and assistance of others in finding the way out of his difficulties. He may find much encouragement in the knowledge that while his shortcomings may be many, much of the blame for what he regards as personal failure rests with a society which has not yet found a way to lead the elderly out of their social maladjustment.

Private Enterprise and the Older Worker

By Mr. G. Warfield Hobbs

Vice President, National City Bank of New York, and Chairman, National Committee on Aging

THE Desmond Committee has very graciously asked me to relate what I, as a banker, believe the role of private enterprise should be in relationship to the older worker. I am going to take the liberty of enlarging on the identification to say that bankers also are people. Thus my position is not only that of one whose background happens to be finance and economics, but as a citizen very deeply and personally concerned that whatever our occupation; be it government, business or labor, we must all cooperate if we are to solve successfully the tremendous social and economic problems arising from the fact that Uncle Sam is growing older. That is simply put, but failure can mean economic disaster to the Nation.

Likewise, I feel justified in expanding the connotation of—"The role of private enterprise"—beyond the bare question of will, or should, industrial and other corporations take care of their older workers. Private enterprise cannot be separated from its twin, free enterprise. They are not just parts of our democratic system. They are our system.

Consequently, before defining too precisely the responsibility, relationship and economic support to the older workers, should we not restate the overall goal of our free enterprise system? And then see how far we can soundly go in fitting in what we would like to do for our older workers.

To me, our foremost goal is to maintain the liberty, rights and dignity of the individual, as guaranteed by our Constitution and Bill of Rights. And, secondly, through our private enterprise, competitive spirit, research and ingenuity, to strive for an ever increasing standard of living, for all free men, not only materialistic standards, but cultural, physical, and spiritual standards.

The problem of older workers in an industrial society is growing in intensity. Sheltered workshops such as the one in which the man at the left is working and adjustment of jobs to physical capacities of workers, like the lady below, are but two of the methods being used today to keep older workers employed usefully.



Let me emphasize—the increasing standard for **ALL** men, for that is the point that leads back to our older group. We must keep our progression in balance, and not embark upon a course that could raise the standard of one group, only by lowering the standard of other groups.

That is exactly what could happen if we are either sentimentalized or pressurized into adopting pension benefits beyond our productive capacity to pay.

Let me state clearly my own personal position. As the days of my “late youth” become numbered, the very word “pension” has an increasingly poignant meaning for me. Furthermore, because of my professional connection with employee benefit plans, and, as Chairman of the National Committee on the Aging, I am increasingly aware of the imperative need for providing adequate financial security for our older workers. I am all for it; and I am convinced that we can do it soundly, without disruption to our economy, if all groups both recognize the immensity of the problem and cooperate in seeking solutions.

Some Economic Considerations

To emphasize the economic peril, if we leap before we look, I am going to cite a few figures.

First, a few population figures; perhaps from a different angle. You know that there are today close to 14,000,000 people 65 and over, and that that is close to 9 per cent of our total population. Did you realize that this is over 14 per cent of the total over age 21 eligible voting population. As you know, the ratio of older people is increasing. If they are ever mesmerized into voting as a class they will exceed any other group, including farm, labor union or religious. Demagogic abuse of this voting power could force upon us Government and State security programs ill thought out and prohibitively costly. The Townsendites “Ham and Eggs” program could easily grow into somebody else’s “Steak and Caviar” program. We must guard against going down this subtly deceptive path to Socialism. The Government’s social security program should provide only the first basic layer of the security cake. It should leave to private enterprise the other layers, and the icing. I am confident our system can meet this challenge, if we cooperate, and recognize the other fellow’s problem, and do not try to go too fast.

To illustrate the magnitude of the financial miracle necessary to provide adequate pensions, I will recite a few figures not so generally known. Today, there are something over 20,000 private pension and profit-sharing plans covering more than 10,000,-

000 employees, and requiring contributions in excess of \$3,000,000,000 per annum. That sounds like a lot, but it actually represents only about one-sixth of the eligible gainfully employed. This includes the over 5,000,000 self-employed who presumably before many years will be covered in private pensions.

If all 60 million employees were to receive pensions at no more than current levels, and the benefits were fully funded on an actuarially sound basis, the total dollars in such a fund would exceed, for example,

1. Total assets of all Legal Reserve Life Insurance Companies (69 billion dollars).
2. Total market value of all stocks listed on the New York Stock Exchange October 31, 1953 now (274 billion dollars).
3. Total United States Government bonded debt now at (274 billion dollars).

Actually, none of the foregoing would be enough. The figures would, of course, vary according to the actuarial assumptions used, but even liberal assumptions would require more than 20 billion dollars a year, and a total fund of over 300 billion dollars.

It does not take a banker, or any kind of expert, to realize that the tremendous weight of such vast sums even if they are only a little to the right or a little to the wrong can do us collectively a great deal of good or harm.

We always talk in the familiar terms of dollars. To understand why pension costs present a problem, we must realize that dollars are merely a convenient medium for expressing the value of economic goods and services. You can’t eat dollars, but they will buy you some mighty nice food. We must realize that our standard of living is not money, per se, but goes up or down in proportion to the annual production and distribution of goods and services.

Consequently, if several billion dollars a year are required for pensions, they can be provided in only two ways. First—merely by raising the price of goods and services to meet the required dollar amount. This method, I think you will agree, would immediately lower the purchasing power of the dollar, and hence lower the standard of living of all of us. It could lead only to a repetition of the inflationary two-horse race between wages and prices. In this race none of us is quite sure who won, but we all know who lost—those living on fixed incomes.

Secondly—The Increased Productivity Method. This method recognizes the simple fact that if an increasing number of and proportion of our older workers, retire and stop producing, but continue consuming, there will be a smaller number of goods and services to divide among the same number of people. Irrespective of the number of dollars available, this would result in a proportionate reduction in the average standard of living. There would just not be as many things to go round.

Management cannot go it alone. It is only one member of a fairly large team. Labor must play the game with equal vigor and intelligence. Labor must encourage every sound advance in productivity.

Many labor leaders already realize that the security they have sought will become a tragic delusion if inflation continues. They are lining up side by side with management in favor of sound fiscal policies.

Another valuable factor in making up the lost productivity of retired people is the by-product of laying aside trust funds from which will be paid future dollar pensions. The resultant gain involved is not the easiest thing to explain, or to understand.

Pension dollar contributions, whether from employer or employee, are invested in stocks, bonds, and other properties. This is the newest, and soon will be the largest, investment force in the country. Through direct investment, or indirectly, by drying up the available supply of old securities, pension money is making it easier for companies to raise capital for expansion of old corporations, or development of new industries.

It is not all gain, since a fair portion of the pension contributions would otherwise have been spent for current consumption instead of being set aside to provide for a retired employee when he no longer produces goods and services for himself. Hence, today's savings towards pensions somewhat restrict the market for today's products, but when later paid out as pensions should tend to support the market for consumer goods. Nevertheless, sound pension funding is a potent factor, and, if coupled with the more important factor of a steady increase in the productivity of man's labor, will very definitely fill the vacuum created by the increasing number of retirements, without lowering our standard of living.

In the brief space allotted me, it is impossible to cover all facts of this problem. I, therefore have attempted only to point up that the new concept of providing orderly and adequate security for all, presents one of the greatest economic problems we have ever faced.

I have tried to show you that the problem of providing adequate financial security for our ever increasing older group involves fantastic billions of dollars, plus political and economic pitfalls, that can make or break our economy.

I will restate my firm belief that, nonetheless, the private enterprise system both can and will provide such security. I will further state that I think our free enterprise system will benefit in many ways from the provision of such security. I can merely say that we will get our investment back, plus a dividend. However, I do not think we can absorb the cost by tomorrow. It must be a gradual approach, requiring the complete cooperation of management and labor. It must recognize the different potentials in whole industries and differences among individual companies within similar industries. Also, since it costs almost one-third less to retire a man at 70 instead of 65, I, personally believe the majority of companies will have to have a flexible retirement policy. Every means of obtaining the greatest utilization of competent older workers must be studied; not for sentimental reasons, but because our economy can not yet afford the loss of their productivity.

In conclusion, let me say—there is but one sound solution to provide adequate pension security for all workers;—that is—increased productivity on the part of active workers to provide the consumption of goods by retired workers. Anything else, no matter how painless at first, means a decline in our world famous standard of living, and the ultimate destruction of free enterprise.

Therefore, let us approach this economic atom bomb with intelligence, not emotion, and a spirit of cooperation. Look before we leap!

Provided management and labor accept and live by the principles of increased productivity—not only can we afford the costs of pensions, and other fringe benefits, but we can actually increase our economic and moral strength—which is the sole defense of the free world.

Employment Potentialities in Age, and Means for Their Possible Increase

By Dr. Sidney L. Pressey

Professor of Psychology, Ohio State University

IN RECENT years there has been much concern regarding age limits in hiring, rigid retirement ages, and possible problems presented by older workers. At the Ohio State University, the Department of Psychology has been making a series of studies bearing on these problems, the very practical purpose being to serve the cooperating firms and to influence their policies constructively toward the development of greater opportunities for the older. Congruent with this point of view, the effort was to work so far as possible in terms of existing records and practices. It would then be clear that the evidence was in terms of each company's personnel policies, and the recommendations feasible. Certain sample materials will make clearer the very direct and practical nature of these projects.

Varied Businesses—Similar Findings

For instance, a manufacturing company with a high turnover kept records at time of "separation" regarding the causes of leaving, also appraisals by foreman at that time as to ability, absenteeism, attitude, and desirability of rehiring in case the worker should later seek reemployment with this firm. All this material was part of a regular personnel record which was the basis for any rehiring and also a major factor in connection with wage or job changes. The firm had a policy of not hiring new workers over 30.

In view of this last policy it seemed incongruous that 62% of males who left the firm when 60 or older were rated as excellent or good in ability, as compared to 67% for workers under 30; 65% of the oldest group were rated good in attendance as compared with 53% of the younger; 67% of the older were considered good in attitude as compared with 58% of the younger—and 52% of those 60

or over were considered worthy of rehiring as compared with 50% of the males under 30. Further, accidents were found less frequent with older workers; there were 22 for 100 workers aged 16–30, 18 for those 31–45, 13 for males 46–60 and 13 per 100 for the few over 60. And illnesses were of about the same frequency in each age group.

In view of all these findings, the firm was urged to raise its age limits for hiring, and to consider a more liberal policy than it had been following, regarding retention of older workers. . . . The above findings are, of course, in accord with other studies of the same general problem, but do confirm these other results, and indicate how, in terms of the firm's own personnel records, policies more favorable to the older worker seemed well justified.¹

Another large concern found itself needing to take on a considerable number of older workers in view of the Korean crisis, and involvement in defense programs. It had personnel records involving informal jottings in the personnel file regarding each employee, made whenever there was any occasion for appraisal, as because of any difficulty with a worker, or occasion for possible advancement. These appraisals were carefully gone over and systemized as describing various traits, such as efficiency, job knowledge, ability to learn, initiative, cooperativeness, rate of work, absenteeism (attendance), and so on.

Table I summarizes results for certain of these traits, for men who had been with the concern at least two years, and so should be well known. It shows that favorable comments regarding efficiency were a bit more common regarding younger workers, but age differences were slight. Mentions of readiness in learning new operations were also a bit more frequent in the records of younger workers, and of slowness on the part of the older, but again differences were slight. The older were more often referred to as steady, and rarely absent. Findings for women employees were largely similar. Again the findings are not new, but have the value

¹Smith, M. W. "Evidences of Potentialities of Older Workers in a Manufacturing Company", *Personnel Psychology*, Vol. 5, pp. 11–18, 1952, and Stanton, Jeannette, "Age in Relation to Frequency and Duration of Accidents and Illnesses in a Manufacturing Company", *Engineering Experiment Station News*, Ohio State University, Vol. 24, pp. 42–6, 1952.

of confirming other findings, and were in the first instance in terms of the colloquial everyday comments of the supervisors in this large organization.

TABLE I

Percentages of Men Who Had Been with the Firm Two Years or More, Who Were Mentioned by Foreman as Having the Specified Traits

Age.....	18-29	30-34	45-59	60 Up
Efficiency.....	49	41	40	40
Ability to learn.....	12	7	2	3
Slowness.....	-1	-2	3	12
Steadiness.....	10	14	19	19
Attendance.....	5	10	13	15
Average Appraisal.....	3.2	3.2	3.2	2.7
Number of Cases.....	280	644	538	316

To obtain overall appraisals, favorable and unfavorable comments (as systematically construed in the fashion mentioned above) were totaled to give a net appraisal of competence. These appraisals were found to range from minus 8 to plus 13. Average appraisals were calculated, and shown to remain the same till 60 and then to fall only slightly. Perhaps more significant was the finding that 40% of those over 60 rated four favorable mentions or more and thus presumably were distinctly satisfactory, as compared to 50% for those under 30. Women over 60 showed substantially the same average rating as the younger group, 4.0 as compared to 4.1.

In fact, 16 employees were in their seventies. For instance, a carpenter was 75 and described as "a wonderful worker and good instructor of others"; a mechanic of 76 was reported good; a laborer of 73 "does a fine job, fills in well, always on the job, very dependable"; a processing clerk of 75 was "very good, knows job thoroughly, dependable, requires little supervision".

As mentioned earlier, this organization was under pressure as a result of the Korean crisis; within two years after it began, 107 new employees 45-59 were taken on, and 26 who at time of hiring were 60 or over. Were these men satisfactory who were taken into the establishment, as first-time employees, when thus past common age limits for hiring? The mean net appraisal of those hired when 60 and over was found to be 3.0; those first hired when 45-59 averaged 2.8 favorable comments; those 30-44, 2.4;

² Bowers, W. H. "An Appraisal of Worker Characteristics as Related to Age", *Journal of Applied Psychology*, Vol. 36, pp. 296-300, 1952; Smith, M. W. "Older workers Efficiency in Jobs of Various Types", *Personnel Journal*, Vol. 32, pp. 19-23, 1953.

³ Stanton, Jeannette, "Part-time Employment for the Older Worker", *Journal of Applied Psychology*, Vol. 35, pp. 418-21, 1951.

those under 30, 1.9 favorable mentions. In short, hiring older workers for this emergency work seemed well justified. Uncertainties of the draft may have made younger workers at this time more irresponsible and less satisfactory than in more normal years—but normal times are not perceivable in the near future. And the evidence that for many types of work the older may be turned to, is thus surely timely. The recommendation was that, especially in any emergency, older workers be yet more extensively hired.²

A study in a large department store emphasized the value of the older person in part-time work especially for sales, as around Christmas. Satisfactory people were hard to find, turnover was high; and this was expensive, since it cost the firm about \$50 to train a new worker. In this situation, older workers were increasingly being hired; recently 44 who were over 60 had been taken on, and 7 had been hired by this company for the first time who were over 65. How satisfactory were these older people? Table 2 gives some answer.

TABLE II

Number of Part-time Saleswomen Hired at Different Ages, Work Days Available, and Percentages Receiving One or More Wage Increases

Age When Hired	Number of Women	Work Days Available	% Receiving Wage Increase
14-30.....	300	103	11
31-45.....	192	196	21
46-60.....	98	305	33
61 up.....	7	412	57

The above table covers only current saleswomen. The total study included also men, and non-sales workers, making the total of all cases some 3,000.

That women 60 and over were found to continue available, on call when needed, for an average of 412 working days as compared with 103 working days for women under 30, was obviously an important advantage of the older. And that 57% of the women hired for the first time when 60 or over got a wage increase and 33% of those hired when over 45, as compared with only 11% of those hired when under 30, indicated that they were good workers. The above material is with regard to part-time workers; study of the regular full-time sales force showed that the older averaged more sales than younger sales people. In total the findings as regards older employees were thus decidedly favorable. And on the basis of these findings, the firm has been increasingly seeking older people, especially for part-time work.³

In short, all three of the above-mentioned companies had, in their own files and in terms of their own usual methods of appraising their employees,

evidences of the value of their older workers. Two of the three firms had evidence that hiring of new workers even in their sixties had turned out well. And all this was without any special adaptations to any possible limitation of the older persons. What adaptations might be feasible, and with what possible results?

Adjustments to Older Workers

In the department store, sundry special adaptations to older workers were found. Occasionally the older were shifted from one job to another, and this seemed to be done with admirable tact. "Downgrading" was an avoided term; rather, there were transfers to work which was spoken of as more suitable and indeed possibly offering special recognition to the mature and experienced individual. Thus an older buyer was shifted to supervision of elevator operation, with emphasis on the extent to which his broad knowledge of the store would enable him to do this last work well.

The store also made adjustments for some of its older people as to time of work. Certain older saleswomen were allowed to come in late, and leave early. They would thus avoid the crowded rush periods on the buses—a great convenience for some of them. And their work days were shortened, often to only five hours. But their help was obtained over the noon hour, when full-time workers were getting lunch, and in the early afternoon rush period. The above-mentioned arrangement permitted continuing employment for a substantial number of older persons who could hardly have maintained work otherwise. And it was found that these older salespeople (most of them were women) were grateful, very dependable, and not infrequently had a customer clientele who regularly went to them and whose custom might otherwise have been lost to the store.

A large department store probably offers exceptional opportunities for adjustments to age. But it is believed that sundry adaptations may be feasible in most types of employment. For instance, a machine tool company was found to have placed a 72-year-old skilled mechanic in charge of the tool cage. After the death of his wife, his contacts on the job had become practically all of his life; his age had made him inefficient at skilled work; but his wide acquaintance in the shop and with its operations made him admirable in the tool room; and his gratitude for this opportunity made him a continuing source of good morale. Yet another firm

permitted shortened hours for some of its older employees.

The material so far has had to do with wage earners. But age policies regarding salaried and professional people may also be, demonstrably, unsatisfactory; and there are instances showing possible modes of dealing with such situations. A corporation worker or a university faculty member retired at 65 may have continuing potentialities for usefulness. But adjustments may be possible here also. That potentialities may continue long thereafter, if conditions are favorable, is well illustrated by certain cases recently studied by the writer. Perhaps most striking is a retired university professor who at 96 published a book—a history of his science which indeed he was exceptionally capable of reviewing. All through his long retirement he had office space and some secretarial help; and he has had certain professional contacts, as in an advisory capacity in certain state surveys. This man's first professional paper was published in 1879. His career has continued from then till now—almost 75 years! Obviously such an extended usefulness cannot often occur. However, the circumstances above-mentioned (as of some office space and clerical help) greatly facilitated this continuance. And this man's career illustrates that such opportunities may indeed bring productivity. Other cases show this often true where circumstances are thus favorable, also that without such favoring circumstances, professional retirement is often sterile, and bitter.

In this connection it may be mentioned that the writer is chairman of a committee of the American Psychological Association which is aiming in various ways to increase opportunities for retired people in that field. It is seeking information as to what psychologists now retired are doing. It is soliciting from heads of departments, college presidents, and directors of research programs, information as to types of work which retired psychologists might do. It hopes to set up, in the association building in Washington, an office which should be especially devoted to the fostering of opportunities for such people. It believes that provisions of this type might well become general, for professional and salaried people.

In fact, the writer would argue that the values of older workers have actually been adequately demonstrated; the big need, now, is to develop adjustments to meet the needs of the older, and agencies to foster opportunities for them.

An Employer Views the Older Worker

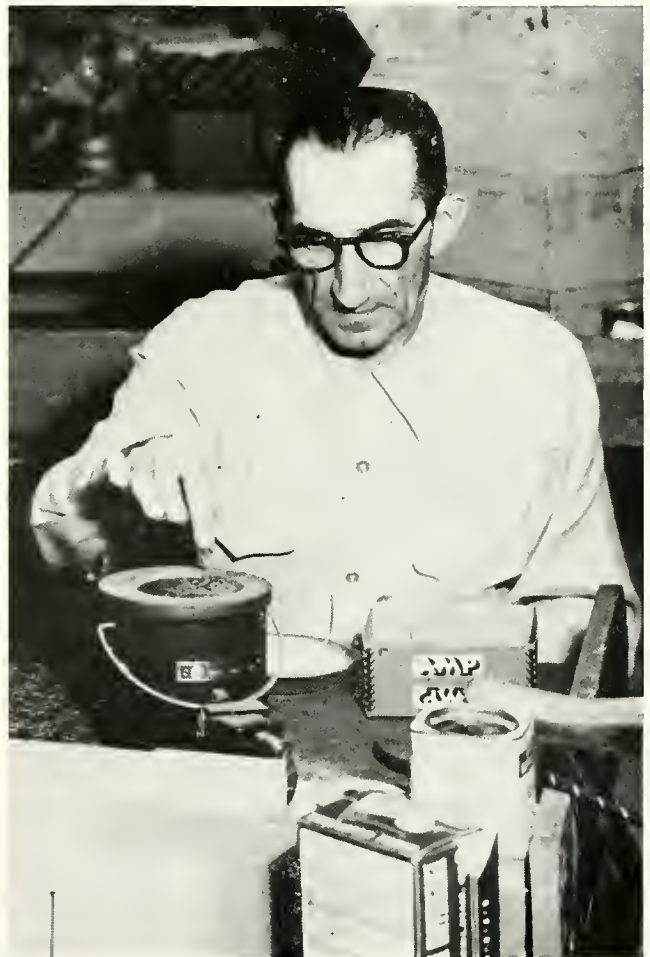
By Dwight S. Sargent

Personnel Director, Consolidated Edison Company of New York, Inc.

PRIOR to January 1, 1953 we, at Consolidated Edison, retired men at age 65 and women at age 60. Our pension plan, which has been in effect for many years, has had a provision in it which has permitted the company to extend a man on a year by year basis, with board approval, from age 65 to age 70, and women correspondingly from age 60 to age 65. Prior to a year ago the number of extensions that we had made were very few and except for some men with special skills retained during World War II, our extensions were limited to men in executive positions. No women had been retained at all.

During 1950 we began questioning our policy of retirement of individuals based exclusively on chronological age. Just prior to 1950 I heard Sumner Slichter in Chicago make a statement that if age 65 was continued as an arbitrary age at which retirement became effective, the cost of pensions in the next 25 years or so could increase to as much as 17 per cent of the payroll. This pension percentage increase of course would be the result of the estimated increasing numbers of individuals who would live to age 65 and over. He suggested that one way to reduce this cost would be to increase the retirement age to 68, for example. I think he

Some big industries believe the retired worker cannot be profitably used in highly competitive situations and should find work in small stores, handcraft outlets, etc.



said that if such an increase in age was made the pension costs would be reduced by something in the order of 50 per cent.

During these last two or three years our own thinking about this whole question has been aimed primarily at the economic phase of the problem. It seemed to us that a man who was allowed to continue to work in his job and who was able to do a good job, contributed to the over-all production and continued to be a satisfactory consumer, which result was good for the over-all economy. Conversely, it also seemed perfectly obvious that when a man was retired, by and large he had to get along on much less income and in most cases needed help from his children, relatives or from public welfare sources.

From the point of view of our own pension costs, if an individual worked one year beyond age 65 the simple arithmetic in our case meant a saving on the pension roll of something in the neighborhood of \$1,000 for that year. This same individual, because he continued to work for this year, would not be eligible to receive Old Age and Survivors Insurance and that would mean a saving to the OASI of another \$1,000. Such savings, which would hold down the cost of our own pension plan, plus reducing the drain on the OASI, certainly seemed to be in the right direction.

Arguments Against Selective Retirement

During these two or three years many discussions were held on this general subject and we certainly had anything but unanimity of opinion. I think all of the reasons for not making an attempt to permit qualified needed people to work beyond age 65 were made to us by some member of our management group. For example, we were told:

1. If you keep A because he is competent and in good health and do not keep B because he has lost a lot of time and has become pretty much unable to do a job, B will be so brokenhearted he will die in six months.
2. We were reminded that these cases were not going to be all black or all white. It was forecast that in many of the situations the cases would be definitely borderline and the pressures which would be exerted from many directions would be such that we would always end up by keeping a person we really didn't think was sufficiently competent to be continued.

Mrs. Elizabeth Breckenridge, in her book "Effective Use of Older Workers", has listed 10 or a dozen

reasons which are used against any method other than straight chronological age. I think we actually had most of these offered by one supervisor or another. It is very interesting to note that in our one year's experience, not one of these gloomy prophecies has been borne out.

Procedure at Con Edison

In December of '52, with some misgivings, our company approved the issuance of a procedure which spelled out the method we would follow of selecting employees who might be retained in their present jobs for an additional period, and the important requirements in this procedure, as they have developed during the year, are:

1. **There must be a need for the employee.**
2. **The employee must have a satisfactory performance rating in his job over the past three years.**
3. **The employee must have had a better than average sick absence record for the past three years.**

Another provision which was made a part of the procedure was the method by which the individual cases were reviewed. This is as follows:

A department head "panel" will be established, organized informally by the Personnel Director, which will consist of all the department heads who have age cases coming up in the following month. At such a panel, each of the department heads will furnish the necessary information required as to each of his cases. This information should explain and justify his recommendation. In this way, all of the department heads will be familiar with the reasons for the decisions in all cases. A record will be maintained as to the action taken on each case at the panel meeting.

In this particular connection it is very evident, after a year's operation, that all department heads at least know what every other department head is doing in this retention area.

Another part of this procedure spelled out the status of an extended employee as to acquiring further retirement benefits, sick pay eligibility, group insurance, etc. It also stated very clearly that any employee who is approved for retention could at any time retire on his own decision and, furthermore, that the company could retire him if the need for him ceased to exist.

One Year's Experience

As of now we have had one year's experience in reviewing some 385 individuals who came up for age retirement during 1953. As we are looking at these cases about six months before their age retirement or the end of the first year's extension, we naturally have reviewed at this time some of the employees who have been held over one year for consideration for the second year's extension. Sufficient information on this front is not available yet for release.

It might be noted in passing that item 9 of the procedure stated:

"If requested by the department the employee must pass a satisfactory medical examination, with a favorable prognosis as to the time he might lose on account of sickness."

It is interesting to note that during our first year's experience we have had not one instance where the department has asked to have an individual examined by the doctor before a decision was made as to whether he should be retained.

We have taken the very simple position that if the individual is doing and has been doing a satisfactory job and appears to be physically all right we see no reason why we should not permit the individual simply to continue. We have not required a medical examination at age 64 or 63, so why ask for one at age 65 if everything appears all right?

TABLE I

Report On Study of Employees Scheduled to Retire For Age in 1953

	First Review		
	Male	Female	Total
Number of age retirement cases reviewed. . .	350	35	385
Number rejected because of supervisory capacity.	49	1	50
Number rejected because of limitations, absence, slowed down, etc.	147	8	155
Number of non-supervisory physically qualified employees.	154	26	180
Number suitable to retain but not needed. . .	97	17	114
Number suitable to retain and asked to remain. . .	57	9	66
Number asked to remain but not interested. .	18	2	20
Number retained for one year.	39	7	46

You will note from Table I that no supervisory and executive employees were considered for retention. This decision was made for a number of reasons.

1. We felt that the problem of adequate income was much better taken care of among the supervisors than existed in the rank and file.
2. We felt that supervisory employees were the kind of people who should be able to help in

non-paid community activities which might keep them satisfactorily busy.

3. We knew many of them also were perfectly able to secure part-time or full-time employment if they wanted it.
4. In a constantly changing and improving organization there are continuing opportunities where the retirement of a supervisory employee does not automatically mean that another individual has to be promoted to a supervisory job. This is a painless method of reducing the total number of supervisory employees. We have done a lot in this direction and believe we can make still further progress.

You will note that of this total number of 385, 50 individuals were not considered because they were supervisory employees. Of the remaining 335, 155, or 46 per cent, did not qualify because of physical restrictions or poor attendance records or poor performance or a combination of any of these reasons. One hundred and eighty, or 54 per cent of this number, could be considered for retention. Of this number, 114 could be retired without immediate replacement and were not considered for retention. Sixty-six, or roughly one-third of the number who could be considered, were invited to work another year in their regular job. Of this 66, 46 elected to continue working for a year, and 20 stated they preferred to retire and were retired. Again, this 20 is just under a third of the number who were invited to continue.

During this year, we have had only one instance of substantial sickness from this group of 46 extended employees. After this man was out sick for a month, we reviewed the status of his illness and when it appeared that he would be out for a further extended period, he was granted an additional month of sick pay and retired.

We realize fully that we have taken only one step in this general area. We are perfectly willing to approach it gradually and not try to undertake too much at one time. For example, we have not needed yet to consider transferring a man who is not needed in the job he has been doing for years into other work instead of requiring him to take retirement. We have not considered also any cases where a shortened work day might be advantageous to an individual. Again, we have not attempted to rearrange any work activities which would make it possible to retain older employees who are somewhat physically limited.

We recently have made three rather interesting analyses of ratings by age, sickness by age and accidents by age.

Analysis of Ratings by Age

In the ratings by age it is interesting to note that for men, 20 per cent of the men at age 20 were rated better than good. This same percentage occurred again at age 65. At age 45, 44 per cent of the men were rated better than good. The increase from 20 to age 45 and the decrease from age 45 to age 65 has been quite symmetrical. The same information also held for women, with about 30 per cent rating better than good at age 20, the same percentage holding for age 60, and around age 42 some 55 per cent of the women were rated better than good. The increase from 20 to age 42 and the decrease from age 42 to age 60 has also been quite symmetrical.

Analysis of Sickness by Age

An analysis of a year's sickness related to age showed the following information:

At age 20 in one year men averaged four days lost per year for sickness. At age 65 this average was 13½ days lost per year for sickness. After an almost constant severity rate of four days per man from 20-30, the severity rate increased gradually to age 65. In the case of women, the corresponding figures are seven days lost at age 20 and about 18 days at age 60, with the rate rising at 25, and from then on increasing slightly faster than for men. This analysis was not too complete and simply showed that the number of accidents that occurred to employees below age 40 was about twice as many per hundred employees as occurred to individuals over age 40.

In all three of these areas—rating experience, sickness experience and accident experience—we have not made any decisions on group averages, we have simply taken the individual's record into account and have offered to retain only those who were needed and whose records were better than average.

Unemployment Claims

This whole matter of unemployment benefits is over-all a rather small matter in any retirement policy consideration. We do know, however, that in our own company experience, 284, or 77 per cent of the employees who were retired for age in 1952 applied for and received unemployment benefits. These benefits averaged something in the neighbor-

hood of \$700 per employee over a 26-week period. We also know that during 1952, 50 individuals, or 13 per cent, applied but did not receive benefits. We have to assume that these individuals either refused to look for a job or put such high requirements as to salary or work location that they were considered frankly out of the labor market. The balance of the 1952 age retirements of 36, which is about 10 per cent of the total, did not apply for benefits and we have to assume that these men on leaving us secured other employment very promptly. In considering the over-all economic effect of extending individuals beyond age 65, we believe that if this policy had been in effect in 1952 in our company some substantial fraction of the individuals who applied for and received benefits as a result of retirement in that year, might have been continued in employment and would not have been in a position to make any claim for unemployment benefits until at least a year later. Such a deferral of claims upon an unemployment fund we believe is generally in the right direction.

Summary of Benefits

A summary of the benefits which to a degree we are realizing from the trial of a selective retirement policy as contrasted to the former chronological age retirement policy are the following:

1. There has been some reduction in the total pension costs to the company.
2. There has been a corresponding reduction in the amounts paid out by OASI.
3. Some claims for unemployment benefits have been deferred from the New York State Fund.
4. We are hoping for generally improved performance between the ages 60 to 65, when employees realize that their performance in the years immediately prior to age 65 will have a considerable effect on the decision as to whether or not they will be permitted to work beyond age 65. We have received no substantial evidence yet of such improvement but we are hoping for it.
5. By continuing to be a full producer the individual is obviously able to be a full consumer and thoroughly independent for a longer period.
6. In many cases, when he does retire the extra one or more years that he works will qualify him for a higher pension than he would have qualified for at age 65.

Job Engineering and Job Re-assignment for the Older Worker in American Industry

By Albert J. Abrams

*Director, New York State Joint Legislative Committee
on Problems of the Aging*

This is a report on a survey conducted by the Desmond Committee to determine ways in which industry is meeting declining capacities of some older workers through use of job engineering and job-reassignment techniques.

IN a factory in Syracuse older women working as clay press operators were turning out a diminishing amount of work. The company, which manufactures wiring devices, re-engineered the job by installing special hydraulic presses and pneumatic presses, permitting (a) maintenance of production rate, (b) decreased physical demand, and (c) elimination of awkward working positions.

Older employees working on an operation in a shirt factory in Troy that required them to match materials were found to be losing their visual acuity. The firm re-scheduled their work so that they did not receive any material which through color or design is hard to match. The same firm, when confronted with workers who had developed arthritis or heart disease, re-designed machine controls or relocated workers' bins to tailor the job to the employees' physical capacities.

These are but some of the cases industry has cited to the Desmond Committee. Five hundred companies employing 500 or more workers were queried by Senator Thomas C. Desmond, Committee Chairman, in a letter which stated in part:

"We are interested in obtaining one or more case histories from various companies which have engineered jobs to meet the declining physical capacities of older workers, their slowed down reaction time, increased fatigue, decreased ability to cope with time-pressure work, cardiac or arthritic difficulties, declining visual acuity. An older worker for the purposes of this survey would be anyone, whether 45 or 75, whose declining capacities called for adjustment of their jobs."

Two hundred and fifty responses were received, in all. Most referred to cases of re-assignment,

only 40 were able to cite cases of job engineering which affected older workers.

In addition to the above-mentioned query, the Industrial Management Council of Rochester agreed as a public service to survey companies in that community on the same subject. Its study, upon which we draw on in this report, covered 49 plants employing 67 per cent of the employees in the Rochester area. Also, the Desmond Committee queried 30 industrial consultants and industrial engineering firms in the country, but significantly few of these concerns had any experience at all with job engineering for older workers.

The basic purpose of the survey was to stimulate industry to study the possibilities of job engineering for the older worker, and to accumulate case histories which might be helpful in awakening industry and gerontologists to the possibilities that might exist in expanding job opportunities for older workers through job engineering. Although we were not concerned with job re-assignment and specifically requested the companies not to submit case histories on transfers of older workers, the firms submitted so many exciting examples we have included some in this paper.

Interestingly enough the General Cable Corp. reported that it finds little causal connection between advanced age and physical ability to perform almost all the jobs it has in its operations. The limitations it has found usually occur "because of some constitutional impairment not solely attributable to age itself but rather to disease or illness which might occur to anyone of mature years."

One fastening device manufacturer said, "The possibility of engineering jobs to fit these workers had not occurred to us before we received your letter. It has at least stimulated our interest in

this matter and we intend to further analyze our situation in the immediate future."

National Gypsum Co. reported it has had job engineering for older workers "under consideration for some time but that no final disposition has been taken to date."

Some firms insist re-engineering is not appropriate to their respective industries or operations. This conclusion is unsubstantiated.

One of the large heavy industry firms associated with the automobile business in Detroit, while paying tribute to job engineering in general, argues that 90 per cent of the productive work in its plant is on a piece-work basis, and that it is apparent a young vigorous man will make more money on piece work than the aging man who cannot stand the strain of working at high speed for the entire day. This circumlocutory argument appears to eliminate consideration of the fact that machinery may be installed to work at high speed all day leaving both young and older workers free to toil at relatively non-fatiguing operations.

A large meat packing plant claims its work is different from ordinary production and requires that employees stand up, while an equally large meat packing plant makes no such claims and cites successful example of job engineering.

One of the large mills in the State says its largest number of workers receive 100 lb. bags of dairy and poultry feed on their shoulders and place them in proper loading position in railroad boxcars. "The work requires muscle and agility," the firm reports, and "does not lend itself to an opportunity to utilize the experience and know-how of aging workers." One of the large milk firms also pessimistically reports that "there are no easy physical jobs" in their plants, that re-assignment of aging worker is not the solution in this industry and that it has not been able "to develop much in the way of effort-saving devices." Work in ice boxes or high temperature plant rooms, driving delivery trucks, climbing stairs for home delivery service, and moving milk from trucks to stores are some of the firm's operations.

However, from the ingenuity cited by many other firms our Committee doubts that either re-assignment or job engineering cannot be applied to any industry.

One firm, for example, was confronted with the need for easing fatigue of 40 older women engaged in a spinach trimming operation. They worked eight hours a day standing up. They had to carry 30-pound spinach baskets. The job was re-engineered by cutting the travel of hands 50 per cent,

supplying stools with backs and special work table adjusted to standing-sitting positions, hardwood foot rests to provide insulation against cold steel, installing conveyors and improving work scheduling. The result was only 16 women working four hours a day were required on this operation, enabling the company to shift the others to other needed work!

In a furniture factory, the management loyal to its older employees resisted suggestion of an industrial engineer to install incentive plan and methods change. Finally the methods change was adopted but incentive plan was installed only for younger men. After one week, we were told, the older men asked to be permitted to work under the incentive plan as they felt with the method changes they could earn more. Result was their production did increase, and so did their earnings.

A common type of re-engineering is exemplified by a case cited by General Aniline Works. In chemical store room carboys weighing up to 50 lbs. contain various chemicals. To fill an order, it was necessary to lift the carboy from the shelf and then pour out the required amount. The storeroom employees found it increasingly difficult to perform the job as they aged. The firm placed the carboys in rockers and had siphoning devices attached.

Labor Saving Devices

Concern after concern reports that installation of labor-saving devices as part of managements regular efforts to ease fatigue and boost production as well as cut costs has opened up new job opportunities for older job applicants as well as for retaining older workers longer.

The Rochester survey pointed out that in almost every case labor saving equipment was installed as a part of a regular program to improve manufacturing methods and, as a secondary result, brought about reduction of the degree of physical application necessary to perform certain jobs. "The natural outcome," says the Rochester Industrial Management Council, "has been through reduced physical effort to make it possible for older employees, as well as some with physical impairment, to perform satisfactorily a mechanized job which they would have been unable to do under former job conditions."

Commonly used for labor saving are hysters, electric hoists, chain hoists, cranes, fork-lift trucks, conveyors, etc. In a dress shirt laundry, hand ironers were traditionally used. Noticing

that men in this department were having considerable difficulty due to increased fatigue caused by their advancing age, the company replaced hand irons with pressing machines, thereby permitting these men to continue on the job, some into their 70s.

Today lift trucks have replaced hand stacking of finished goods. Automatic case packers have replaced operators who used to put cartons in containers manually. Cranes, conveyors and other devices have taken a great deal of strain out of lifting and internal transportation operations.

Techniques in Job Engineering

Among the techniques employed in job engineering for older workers we found:

1. Re-scheduling the pace of production to eliminate fatiguing "quick sprints".
2. Re-shuffling work flow so that older worker receives larger, easier-to-handle materials.
3. Reducing production rating on incentive positions filled by oldsters.
4. Providing greater leverage for tools and controls.
5. Relocating of control levers, wheels, etc.
6. Providing power tools, such as pneumatic wrenches, etc.
7. Re-arranging work area to bring motion into normal working area.
8. Providing power feed of stock to machines.
9. Substituting "pull" motion for "push" motion.
10. Providing better grip on tools.
11. Changing height of desk, table, bench, chair or work point, or providing stools, chairs, etc.

One method of re-engineering jobs is to set up a special department consisting of persons who can only do light work. One of the large wool mills reported it is "contemplating" establishing such a department for aged and disabled workers. Another firm, which manufactures belts, reports it believes the time is coming soon when it will have to establish such a department for its older workers.

Problems and Solutions

The use of job engineering in industry in relationship to the older worker can perhaps best be appreciated if terms of problem presented and solution adopted.

Table I
Problems and Solutions in Job Engineering for Older Workers

Problem	Solution on Adopted
1. Long cycle, complicated operation, requiring standing, hand tools, physical exertion and skill.	1. Assembly of several co-acting parts was separated from the operation, and tooled to reduced effort, dexterity and complexity. Hydraulic press and fixture eliminated hand tools. Work area rearranged. Seats provided.
2. Sub-assembly operation manual, used hand tools, workers had to stand, need was for reduction in effort, visual acuity and manual dexterity.	2. Fixtures provided, small portable pneumatic tools installed, work stations re-arranged, seats provided.
3. Undue physical effort by cardiac, working with arms above chest level.	3. Special work bench designed to permit use of hands and arms in normal position, work space re-arranged to minimize exertion and fatigue.
4. Straightening operation, manually performed using overhead arbor wheel, requiring high degree of visual acuity.	4. Special machines installed having an optical system designed for the purpose and a mechanical means for straightening where necessary. Physical and eye strain have been minimized. Older employees can continue to perform work successfully with increased productivity.
5. Repetitive hand operation on finishing machine in removing from machine steel winder bar on which tissue rolls were carried, and extract them from cores of the rolls. Operator had to lift heavy tuber car three feet to shoulder height. High speed finishing stopped by hand brake. Operator had to work standing up.	5. Automatic bar-stripper installed on machine eliminated this laborious operation. Tubing operation changed so that bar needs only be moved laterally. Automatic clutch and brake installed. New continuous wind finishing machine being installed to enable worker to sit down.
6. Older men and women operating a lay up machine or spreader in a knitted underwear plant had to walk constantly the length of a table, usually 50-60 feet, pushing the machine and looking into lights which showed up any defective material.	6. Machines were motorized to avoid need for pushing. A hole detector was developed to eliminate constant walking and did away with glare of lights and visual inspection.

Problem

7. Older men and women, mostly the latter, were laying up lace, laying one layer of lace upon another in a textile firm; this was done by walking. Then they would mark the pattern and call the cutter. This created considerable fatigue.
8. An older worker with cardiac condition could perform all operations at a machine except lifting a heavy guard.
9. A physical handicap involving the foot prevented an operator of a carton sealing machine from climbing ladders and walking on ramps to reach various machine controls.
10. A job requiring realignment of ophthalmic mountings so that all angles and curves met specifications called for considerable finger dexterity and time-pressure work, under incentive basis.

Solution on Adopted

7. Developed a cutting machine which cut all necessary shapes at faster rate and eliminated all walking. Workers can now sit.
8. A system of counterweights installed so that the guard could be easily removed and lifted.
9. Machine controls were relocated so they could be operated from one spot. Machine guard added so operator could safely reach across machine to make adjustments rather than climb over it as was done previously.
10. Work flow reshuffled to older worker so that he now trues customer special orders, small lots and non-production runs, on hourly basis.

Much job re-engineering work is not complicated, calling mainly for use of common-sense rather than highly technical skills. When one firm found that two aging women were operating a comptometer machine by hand continuously through the day, with consequent fatigue, it installed electrically powered comptometers. Their production rate is now reported to be the equal of younger women on the hand-type machines.

One firm was faced with the problem of easing the time-pressure factor in an operation involving use of set-up men and women machine operators. The set-up men were faced with continual pressure for machine service from the operators. The older men had difficulty keeping up the needed pace. The company policy is to use the skill and product knowledge of the older set-up men so it changed their job so that they could set up and operate a machine, and assigned them more intricate and complex production problems, taking them out of the line of production which called for paced output.

Fatigue of older workers was combatted by one firm through use of an automatic conveyor to present raw material to hopper of machine. This eliminated heavy lifting and carrying. Men skilled

in blending the company's compounds are thus enabled to remain on this work into their late years, the firm reports.

Installation of mechanically operated lift tables which present heavy molds to openings in hydraulic presses was a similar technique used by a firm to help make possible continued utilization of older worker.

American Radiator & Standard Sanitary Corporation, at its Buffalo Plant reported that an operator of one of their sand slinger machines, used to make molds, formerly had to guide the suspended head of the machine back and forth over the mold by hand. This necessitated standing during the full shift and was very heavy physical work. After operating the machine for a number of years, the operator began to lose weight and requested a transfer. Instead the equipment was altered so that the head was moved back and forth with hydraulic power remotely controlled by the operator from a sitting position within a well-ventilated enclosure. Immediately after the change the operator regained his weight and health, and production of the slinger unit went up 20 per cent.

A large frozen food concern reports that it has a large force of older workers and that while its problems are eased through re-assignment of aging personnel, "this is not always easily accomplished with large numbers of older workers, as in our case." The company found it necessary to place 12 women ages 50-60 on rough fill lines, to pick up an empty carton from one conveyor belt, quickly fill it with processed beans, and then place the filled carton on another conveyor running to weighing tables. Overall production in the plant was governed by the speed with which the women did their work. The company after a few days found that the women constituted a bottle-neck; they were too old and too slow for the job, yet they could not be replaced with younger women "due to the nature of our work force." The company felt its only recourse was to study the job for simpler method of filling the cartons. As a result, it rearranged the filling system so that the women could fill empty cartons without having to pick them up. "This rather simple change," the plant manager says, "completely eliminated the bottleneck and at the same time brought the job within comfortable reach of the women involved. In fact it so changed the physical requirements of the operation that we were able to shift four women from this job to others in the plant without making the job burdensome on the remaining women."

By an interesting coincidence, the vice president of one of the Nation's largest bakeries had installed in behalf of our Committee Chairman, at the latter's shipyard almost 40 years ago, an overhead track system for handling steel plates from the yard into the plate shop, and then when he switched to the bakery industry installed a similar overhead system for moving pan racks from machine to proof room to oven and return, now a common practice enabling older workers to perform work previously fatiguing. The same concern also brought the height of pans when discharged from a machine from 20 in. above floor level to 37 in., thereby eliminating a stooping action which caused fatigue in older workers. The same baking company used to require an operator to load an oven at a rate of four pans every eight seconds and then rest seven seconds. This was equivalent to a quick sprint and then a rest. The feed mechanism was redesigned so that the worker loaded four pans in 14 seconds.

This uniform pace eliminated the fatigue factor, the company reports, and whereas a young employee was previously necessary now anyone can perform this operation.

A "baby food" concern reports that job engineering is geared not to older workers but rather to the overall problem of reducing fatigue, required reaction time, elimination of the high visual acuity and other work factors that effect efficiency. On its conveyor belts, used to inspect, sort, trim fresh fruits and vegetables, older women can be employed "so long as they have good vision." So the concern first carefully positions the material coming to them, the waste chute, and the conveyor belt for taking inspected and trimmed materials. With this, plus adjustable seats, foot rests and proper lighting, the firm reduced the fatigue factor to a minimum, it reports. The company reports it then experimented with speed of the conveyor belt and "found it had to be carefully adjusted to the amount of work the women had to do on the particular material they were working on." Too high or too slow a speed introduced a nervous fatigue factor that over an eight-hour shift reduced efficiency. The company also found it advisable to avoid having younger and more alert employees on the same belt with older workers with slower reaction time.

The Crucible Steel Company of America reports that in the early 1940s it was concerned over the large ratio of older employees, for it was experiencing evidence they could not keep up with production schedules in heavy operations. In 1944 the concern started a modernization of equipment

program; many manual jobs were mechanized, and powered, with the result "we found our older employees problem diminishing." The older employees were better able to handle their jobs when assisted by mechanical aids, such as electric hand cranes, hydraulic power lift buggies, etc.

AnSCO says that when use of conveyors, lift trucks, and power hoists prove impractical on a particular operation, it has lightened the work of regular production employees by providing material handlers. In a film sorting unit, men bring heavy containers of film to the work area, where women sort the film which men then take away. The company re-arranges work, and where group operations are concerned arranges to give the less strenuous assignments to the older workers. It reports that "many times others in the group assist the weaker workers."

A machine and tool concern says that older workers whose efficiency has decreased are allowed a reduced rating for jobs on which time standards have been set. This results in decrease in premium pay on most of the precision machines such as turret lathes, boring mills, planers, etc.

Western Electric Co. stresses that by means of concerted and continuous engineering developments we have been successful in reducing the physical requirements on the job "so that age today is not necessarily the handicap it may once have been considered."

Republic Steel Corp., with 18,000 employees over age 50, reports it has a continuous work simplification program to improve efficiency and make job easier for employees. It states that its older employees have been "well taken care of" through a constant and continuing program of "trying to make work easier."

A munitions firm reports that relatively simple engineering principles have made numerous jobs more interesting, less fatiguing and readily susceptible to increased productivity by aging workers.

We came across no instance where a job engineered for an older worker was re-tailored for a younger man when the older retired or left work.

The findings of the survey may be summarized as follows:

1. Job engineering for older workers is a practical, effective technique to
 - A. Combat declining production.
 - B. Step up production above rated pace.
 - C. Reduce costs.
 - D. Reduce labor turnover.
 - E. Enable management to retain experienced workers.

F. Enable management to hire older workers in a tight labor market.

G. Ease strain on workers.

2. Job engineering for older workers should be part of a constant, year-round job engineering, work-simplification program covering all operations and all employees, regardless of age.
3. Job engineering **does not necessarily** involve an initial capital outlay for new machinery, as is commonly thought. Re-routing of materials or re-scheduling of work, or relocation of controls may be all that is needed.
4. Labor-saving machinery commonly employed in large plants has enabled older workers to be retained longer and has opened up job opportunities for older workers, in specific instances.
5. Job engineering for older workers tends to benefit management beyond the improvement in the specific job involved for the work simplification, and methods changes which result often can be applied to similar groups of positions in the plant whether young or old are in these posts.
6. Firms do not tend to think of job engineering when they have available an extensive variety of operations permitting easy use of re-assignment technique.
7. Little job engineering is being done especially for older workers, but on the other hand most job engineering programs will aid older workers.
8. There is a twilight zone between job engineering and job re-assignment involving re-shuffling of work flowing to the older worker, so that while not working under a new job title, the older employee's work is changed.
9. There appears to be greater use of job engineering in medium-sized plants than in the large plants employing 1,000 workers or more.
10. Relatively new firms, and those employing primarily clerical, creative or editorial employees, as well as industrial engineering and consulting firms have had little experience with job engineering for older workers.

The lack of research data in this field of job-engineering for older workers is apparent. A great

deal more research is needed as to how job engineering for older workers can be applied in crew work or in incentive work, apart from removing the aging employee from the crew or switching him to a per diem basis. There is hope that such work will be initiated shortly, for the National Committee on the Aging of the National Social Welfare Assembly has set up, under the chairmanship of Mr. Solomon Barkin, a technical committee on job modification, job and process redesign. Our own survey disclosed that fortunately there exists among personnel managers and production managers generally a deep interest in this subject that bodes well for the older worker.

Re-assignment of Aging Personnel

Many concerns, rather than re-engineer the job to the worker prefer to re-assign the worker to a job within his capacity.

The reporting firms, mainly large concerns, usually had such a diversity of available positions, that they report they can usually find some suitable post for an aging worker without much difficulty.

Mohawk Carpet Co., for example, has 900 operations being carried out by 4,000 workers varying from incentive-paced to hourly-rated jobs, and from unskilled and skilled posts to professional and managerial jobs.

Remington Rand at its Elmira plant has 5,000 employees performing such varied work as tool and die-making, punch press machine operation, inspection, assembling, manual labor, office work, etc. Officials of the concern report, "It is far easier to find a different job for the employee than it is to attempt to change the job to suit the employee."

The assumption of management is that granted diversity of available positions, re-engineering is less desirable than re-assignment because the former is more time consuming and more costly.

In transferring aging employees, a pattern of re-assignments is seen.

Older workers are shifted to—

1. **Jobs outside the line of the production.**
2. **Jobs requiring custom or quality work.**
3. **Jobs calling for part-time work, or a more desirable shift.**
4. **Jobs involving simple or less complex operations.**
5. **Bottom jobs, such as sweeper, janitor, elevator operator.**
6. **Reserved jobs kept only or mainly for the older workers, such as light jobs, simple inspection jobs, those in No. 5.**

Companies report shifting workers to reduce or eliminate mental pressure, to lower physical exertion, reduce time-pressure factors, or to meet declining visual acuity.

The Rochester Survey reported that some companies maintain special lists of jobs which are usually filled only by older or physically handicapped employees. One firm cited such jobs as watchman, packing machine operator, storekeeper and mechanic as the type set aside for the older worker.

Other companies in Rochester make a practice of analyzing and reclassifying certain jobs so that an employee is able to be re-assigned quickly to a job within his capacity. One such firm says that many employees have been reassigned as a result of thorough analysis made by the Industrial Relations Department, Medical Department and supervisors of the departments concerned. The company reports that such a program of reassignment attempts to carry over the employee's experience and skill in order to "maintain his morale, self-respect and earning power."

Let us see what problems confronted firms with aging personnel who were subsequently transferred to other jobs, and how the problems were resolved:

Job Transfers in American Industry

Problem	Solution Employed
1. Department foreman in spark plug factory; ability to cope with time pressure work decreased.	1. He was transferred to tool room as tool crib attendant. He qualified there for several merit raises.
2. Millwright and maintenance man; reaction time slowed down due to increased fatigue.	2. He was transferred to production line as packer and is quite successful in his new job.
3. An outside salesman for a meat concern; no longer able to drive car.	3. Transferred to inside desk job.
4. Skilled butcher; couldn't keep with his work group.	4. Transferred to elevator operators job.
5. Top accountant; physically unable to stand pressure of his position.	5. Transferred to routine accounting work.
6. Sales engineering dept. requires much travel and overtime; performance diminishes at 50-60 year level.	6. Transfer to International Sales Division which operates through correspondence, requires no traveling.
7. In underground mine; a driller unable to climb ladders and perform laborious duties.	7. Transferred to putting blasting caps on fuse and cutting the fuse to lengths required for various types of drilling.

Problem	Solution Employed
8. Chief engineer, 67, no longer able to handle administrative problems of his department due to poor health, inability to meet daily time routine.	8. Transferred to engineering consultant without reducing salary, with permission to work at special projects at home, turn administration over to younger more flexible engineer.
9. Senior engineer suffered severe back injury off-duty so that he had to abandon design work, drafting, etc.	9. New job created as head of expanding non-engineering work in insurance field.
10. Employees who can't carry on their jobs as machinists, sheet metal workers, electricians, etc.	10. Down-graded but at circled rate for the new job somewhere between their skilled rate and straight time rate.

The infinite variety in the patterns of transfers of older worker is only suggested by the above examples.

One transfer of an older worker was made not to accommodate declining capacities but because the employee wanted to earn more money. He had his left hand amputated at the wrist, was employed moving platformed trucks on an hourly basis. He asked to be put on incentive work, particularly a boxmaking job. The personnel office was hesitant. But the supervisor on the job accustomed to dealing with 100-125 people ages 65 to 75 gave him a chance. Report on him says: "He is one of the best operators, does the job as well as any operator who had worked on this job with two hands. I cannot speak too highly of this man."

A wiring device manufacturing company reports that aging workers assembling small parts were losing speed and precision of movement needed in the repetitive operation. The workers were transferred to boxing jobs which although also calling for fast, repetitive movements are characterized by more full and open movements of fingers and hands and do not require extreme precision. **The workers were taught to be ambidextrous!** The company states that speed attained without excess fatigue enables the aging workers to earn the same as though they were much younger and working on the assembly operation.

Cluett, Peabody & Co. makes a significant type of re-assignment. The final six operations on a shirt are performed by a group of women known as an assembly unit. Because the work is paced to each succeeding operation there is considerable pressure for each girl to match the speed of the group. As operators grow older and encounter difficulty meeting the pace, the concern removes her from the unit and lets her set her own pace. She is not down-graded but does her own job without the pressure.

A 60-year-old, with a foot amputation, worked as final inspector on portable typewriter. Due to changes in method of operation it was necessary to find another job for him. He was assigned to screw tightening operations where it would not be necessary for him to get up and down from his chair. He earns \$68 a week, is reported to be contented in his new job.

A 71-year-old employee of the same firm worked for many years as an assembler, then adjuster, and finally into inspection of standard typewriters. Two years ago he began to slow down due to fatigue. He was handling 60 machines a day. And it was necessary for him to get up and down from his chair each time the machines were handled. A minimum of 20-30 repairs also had to be handled in the same amount of time. He was transferred to a screw-tightening job on portables. Time-pressure is off. The machine weighs only 11 pounds. He doesn't have to pick the machine up, merely slides it along the bench, tightens the screws, slides it to the next operator. He is reported doing very well on the job, contented, earns \$70 a week.

The Blackstone Corp. employs workers on incentive or day rate, and transfer aging men who request it from incentive pay to day work.

At National Biscuit Co. operations must keep pace with the ovens; on most positions paced with the ovens there can be little slowing down. So the aging man who can't maintain the pace is shifted outside the sphere of jobs revolving about the oven.

At Republic Steel Co. operators of mobile equipment whose eyes are failing are shifted to other types of work not requiring visual acuity.

General Mills Inc. reports switching aging workers from night work to day work, and bringing outside salesmen into the office.

General Motors Corp., through its Chevrolet Central Office, says "size and diversification of the Chevrolet organization has in the past made it possible to move the aging and physically impaired employee to a job which he could do. A review of this matter shows the older workers gravitate to the less arduous tasks in the plant. As a result we have not found it necessary in many cases to engineer the job to the older worker." This is the refrain heard commonly from big industry: "transfers are no problem; we transfer aging personnel quite regularly."

Kroehler Manufacturing Co. reports having "many workers 65 and beyond 70" but that it has numerous jobs that can be handled by older men without undue fatigue." Sylvania Electric Products Inc. similarly reports "being fortunate in

being able to reassign older employees to jobs fitting their capacities. The operations in the radio and television plant are such that sub-assembly and inspection departments are capable of handling aged people.

H. J. Heinz Co. and General Electric Co. both report job transfer is a commonly used technique. The food concern says it has been "very successful" in solving its problems of making adjustment for older workers by transferring to different jobs, "in most instances without down-grading." Therefore it reports not engaging in job engineering for declining capacities.

The United Mine Workers of America—District 50 Union contract with West Virginia Pulp and Paper Co. calls for bidding for available jobs, so that transfers are not as easy for the older workers.

International Business Machines Co. also reports a "great diversity" of jobs enables them to transfer workers easily.

Proctor & Gamble Co. since 1923 has had a guarantee of regular employment program which assures workers 48 weeks of work a year, the company reports, adding that this has resulted in a low turn-over, with consequent aging of its labor force. The company says that it has developed an understanding among its workers that successful operation of the plan depends in part on willingness of the employees to accept occasional transfers which may be necessary because of schedule changes, installation of technological developments or physical or mental impairments which may arise.

American Sugar Refining Co. and Link Aviation Inc. also report transferring is common. Winthrop Stearns Inc. transfers employees, using a "limited service" category. "When we have a square peg and a round hole, we simply shift the peg to where it fits rather than re-design it," the firm reports.

National Cash Register Co., with almost 13,000 employees, also has numerous jobs. It has one department especially arranged to take care of those with declining physical capacities so they can sit at a bench and perform work of a nature not requiring much physical effort. There are 60 workers in this department who sit at benches and disassemble registers and the parts disassembled are sold as scrap. Also the company transfers aging employees to small assembly jobs, light filing of metal and other light work, and also arranges for shorter work day if necessary.

A large perfume company hiring a high proportion of persons 50-70 says age doesn't severely handicap their workers. Most work is hand operation, and few operations are paced by machines.

Nor are there many heavy lifting operations. "We find we have a sufficient variety of these operations for us to set up our incentive groups in such a manner that those who by reason of age have lost the necessary rhythm required for the machine operations can perform certain of the necessary hand operations on the final assembly line," the company reports. Having a variety of shipments, it uses younger personnel on the heavier freight shipments and on light mailings and shipments, older workers.

The U. S. Gypsum Co. prefers to shift an older employee to a lower level job rather than hire a new employee, because his experience will allow him "to handle it more efficiently."

Moore Business Forms Inc. reports transfers are made to similar types of presses if operating complicated large presses becomes too much for older worker.

"Closely allied with the relocation of an employee who is unable to perform his primary job is the matter of wage rates to be paid on the new job," points out the Rochester Community Survey. It found that it is customary in Rochester plants to pay the employee the rate of his assigned occupation. In some instances this results in a lower rate, but occasionally the amount earned is increased.

One concern reported transferred an aging employee to light assembly work, part of which could be performed sitting; earnings increased as a result. Another Rochester firm says once the employee is re-classified to the new occupation "he is paid a rate in the appropriate rate range, in many instances the maximum rate for the job."

Relatively few of the concerns contacted directly by our Committee reported down-grading the transferred employee.

The technique of the job-reassignment ranges from a complex institutionalized type covered by union contract governing seniority; bidding; and intra-plant, intra-department, plant-office shifts to a simple shift made by a foreman or personnel manager. In some plants the physical demands of the job is related to the physical capacity of the individual through cooperative effort of the Medical Department and the Personnel Department's job classification unit, and placement is made in cooperation with the departmental supervisors. In others, the assumption is that the personnel man-

ager can tell by looking at a man the kind of job for which he is fitted.

Our findings may be summarized as follows: Re-assignment of older workers to jobs suited to their physical capacities is a common practice in industry. Re-assignment is generally preferred over re-engineering of jobs by most concerns reporting to us. Teamwork between medical department, personnel department and supervisors enables close matching of physical demands of jobs to physical capacity of the aging worker, thus tending to assure more effective re-assignment. Re-assignment often does not result in down-grading but sometimes does mean a drop in income to the older worker.

The assumption of industry that re-assignment is less costly and more effective than re-engineering of jobs has not been proven. Few companies that engage in re-assignment have had experience with re-engineering jobs for older workers. The assumption that a firm is adjusting a man to a job by transferring him to a new job overlooks the psychological implications of transfers, the reluctance to leave one's accustomed job, one's circle of on-the-job friends, or to lose status in the shop. Too, in companies where vacancies are filled by bidding or seniority re-assignment of aging workers may not be at all easy.

It would seem to be a fair conclusion that when an aging worker shows signs of declining capacity, management needs to consider **both** re-engineering and re-assignment, employing the technique best suited to the particular case.

Re-engineering may or may not require more time, effort and money; and offsetting these initial expenditures is the fact that re-engineering quite possibly may lead to simplification of work not only in the job affected but in related job groupings, with plant-wide or department-wide economies or improvements.

Re-assignment in a firm with diversity of operations poses little difficulty when properly done. However, a great deal more information is needed about re-assignment in small companies or large companies with little diversity of operation. More information is needed about re-assignment within clerical jobs and other job groupings, as well as transfers across job groupings. More information is needed about re-assignment in small and medium-sized concerns in different industries.

Retirement and Scientific Progress

By Dr. Benjamin M. Duggar

Consultant, Mycological Research and Production, Lederle Laboratories

Here are reflections of 82-year-old scientist, Dr. Duggar, who was retired at 70 by University of Wisconsin's compulsory retirement rule. He then went to work for private industry and discovered aureomycin, thereby saving untold lives of human beings in all parts of the earth.

RETIREMENT in the universities and colleges is, of course, a very small part of the country-wide problem of retirement as it prevails in industry and it is essentially present in every human occupation and endeavor. In these days the universities and many of the larger colleges are as highly and as rigidly organized in respect to retirements, both in the professional and the educational ranks and in the administrative aspects, as they are in respect to retirement from football or any other collegiate sport.

If the educational institution is a federally or state supported one, often retirements and pensions, if any, are fixed stipends of state-wide application.

I was appointed to the faculty of the University of Wisconsin in 1927 at the age of 55 and participated in what I consider the glorious functions of teaching and research there for 16 years. Retirement was automatic, but just in case of forgetfulness, there were usually reminders of one sort or another. Judging from the "passing out party" which was arranged for me by my friends in 1943, it was definitely authentic. In fact a legal technicality involving the date of my birth—that of being born on September 1 rather than on August 31, had already given me the opportunity and enjoyment of serving an extra year for which I felt most fortunate. So in June, after commencement, I felt myself free and almost 71. There was no notification of any sort, just that of walking around or hanging around.

However, I had obtained from the Department of Botany the privilege of occupying a small basement room where some studies not yet completed might be pursued for a time, with such support as might be available from private or outside sources.

Several months rolled by, in fact more than three months later, I received a note from the then president stating his regrets and saying essentially this—that in the rush of events he had forgotten to notify me but he was sure that he intended to do so.

Well, that was an event of somewhat 10 years ago; and I am still proud to be an Emeritus Professor at the University of Wisconsin. The state retirement system provides, of course, a small pension, but for those who work 16 years at the university, there is not much in that item. Putting personal matters aside, that university is liberal on the retirement score—the retirement age being 70 years and it would appear rigidly adhered to by legislative enactment.

As you know the limit of efficiency in universities is often stated to be 65 or 68. The life expectancy for that age group was around 12 years in 1943. It differed somewhat, of course, as between men and women.

I shall not burden you with any university retirement statistics nor even predictions. **However, with living conditions more and more satisfactory and with the life expectancy gradually increasing, it seems incredible that institutions of learning, teaching, and research should not study and re-evaluate the retirement age and more particularly the arbitrary system on which it is based.**

It will always be true, I'm sure, that the price of scholarship is high, the price of learned experience is particularly high. With increasing specialization in almost every academic field, there would seem to be greater need than ever of a balance which can be provided only by broader scholarship and longer and wider experience.

In the universities as elsewhere in the walks of life, an arbitrary age limit system of retirement permits great abuse. A certain amount of inefficiency, of course, makes room for a few advancements and seeks to avoid favoritism in the selection of long-termers. An indiscriminating system is a great loss to society. This is positively dangerous to morale and it would seem wholly unnecessary.

The power to discriminate does not necessarily reside in one man who may be far too close to some, far too distant from many, and often too much exposed to such experiences. Representative com-

mittees or commissions are even now active in university policies and performances and they could take over such selections.

Someone has recently said in general essentially this—We discard skill; we overlook experience and energy which most certainly could be used in the national economy. Besides we impair morale and deleteriously affect the will to live of a substantial part of our population. The idea applies also to higher institutions of education.

I was struck with the smallness of the things that often it is necessary to do to somewhat atone for retirement. A woman who has been permanently employed in industry in the work that she has done, has had a responsible position. Retired at the age of 65, she is a woman that you would take to be about 55. She is at the very peak of her work.

On retirement, the golf club to which many of her associates belong, and to which she belongs, invited her to become a life member. This act has solaced her and made her willing to retire.

A proper analysis of a proper program for retirement may not prove helpful at once. Meanwhile it seems highly probable that much more could be done to ameliorate the shock that many experience on complete retirement after being closely occupied up to the moment.

Job Possibilities

On the side of those working in the field of science, and also perhaps mathematics, it would appear that there may be good opportunities almost at hand for limited further employment. A systematic study of the potentialities of industries, of our agricultural experiment stations which are greatly in need of experienced advice and consultation, and of other state agencies and their willingness to use consultants and other short-term qualified associates should be carefully looked into.

Some writers have pointed out the rather extensive possibilities for short-term operations in smaller colleges, often on a part-time basis, with free time for hobbies as desired. Our increasing world relations suggest that additional language courses, especially in cities, is bound to be in demand. These that I have mentioned are only a few of the many possibilities that exist and could be brought to the attention of the universities authorities, as only those authorities could pass on to active commit-

tees the mechanisms of utilizing the opportunities.

Even the large universities have in the past few years made special arrangements to secure the services of professors retiring from other universities. I might mention the University of California which has taken several of our prominent scientists from the East and, of course, it is not limited to scientists, but I merely know of the conditions in that field of work.

Again if the universities and larger colleges really make a forward practical step in keeping up with the progress in psychology, much could be done to encourage and to assist them in preparing the teaching and research personnel for their retirement, their hobby, or their slow down which in many instances might be due to advancing in years.

The universities and colleges consist in great part of men in teaching and in research, and of students in training and in learning. I wonder sometimes if the universities are not doing a far better job by the students than by the faculty. The ways of doing those things, I grant, are devious and difficult but they are possible.

Little Things Count

Little things make a great deal of difference. If you are examining the technique of retirements which usually occur at commencement time you will probably find that many universities allow you to really pass out and disappear without any further consideration whatsoever. But I could name a modification of that system that has worked very well in one of the universities.

The University of Missouri has a system whereby those who will elect to retire, and of course it is merely a name—being “elected” to retire—have at commencement time a write-up—a little personal history and where it is appropriate and convenient, a statement of their accomplishments during the time they were at the university. That is broadcast of course over the state because of the fact that events at commencement time are important. But that is the kind of thing I don't want to take your time up with.

This type of thing might be taken up by the graduate magazine or it may be taken up by some other college paper and a few statements made about those retiring.



Medicine and the Older Patient

By Dr. Edward L. Bortz

Former President, American Medical Association

A REASONABLY young man of 89 years old was brought to the Lankenau Hospital in Philadelphia sometime ago by members of his family. We were told, after he was placed in bed, that of course there was not much hope for the old gentleman, but the family wanted to have the satisfaction that everything possible was being done to make the final hours easier.

On looking over the medical situation, it was found that for some time the patient had been on a deficient diet, had been indifferent to action of kid-

neys and bowels, and paid no attention to the basic necessities of daily living. There was also a failing heart, anemia, and in general, a combination of circumstances, the majority of which could have been avoided. This added up to a totally unsatisfactory state of affairs. It is the type of situation that is a great challenge to the attending physician. Immediately we cleaned out the waste materials in the old gentleman's body, put him on an adequate diet, and built up his blood to normal. For the failing heart some digitalis was given and vitamins to add

to his comfort and increase his strength. To make a long story short, instead of calling for the final ceremonies, the old gentleman, eight weeks after admission was making preparations to go to Florida. Some time after he had gone down a report came that he was thinking about getting married. As a matter of fact, he did live for three years, well into the 93rd milestone before he returned to his final resting place.

I want to make a point in this case. The fact is a great deal of the weariness and boredom of so called old age is entirely avoidable. The defeatist attitude that all worthwhile activities for the individual are passe and not much is left except the final outcome, is a point of view that is outmoded.

Human Engineering and National Security

In the invitation I received from your distinguished Chairman, Senator Desmond, to prepare this paper, he suggested that I offer a few comments on medical problems of older citizens. If one works over this title for a while certain definite impressions are crystallized. These medical disorders must of course be treated and patients must be given the benefits of modern restoration therapy. One group of our citizens, far spent in terms of illness and the vital essence of living, require only care for the vegetative functions of life. All that is needed here is housing and nursing supervision until nature brings the unavoidable end result.

We are living in dangerous times. The positive approach to health problems of our older people emphasizes health maintenance and avoidance of disease. Suppose we think in terms of human engineering and national security.

In two world wars examination of recruits uncovered thousands of youngsters who were maldeveloped, subnormal, and many the victims of preventable medical conditions. The senior segment of our national population was not subjected to critical inspection. In this latter portion there exists a vast amount of debility and sickness which, were the modern knowledge of preventive measures applied, would never have developed. There are fabulous resources in the bodies and minds of our senior citizens which, in our opinion, represents our Nation's greatest reservoir of national strength. Our entire present-day program of living, for the most part entirely ignores the potentials of our mature men and women. Granted, we are beginning to sense that something is wrong.

New techniques have been developed within the last decade that may bring a much clearer understanding of methods whereby the bodies and minds of our senior citizens may be preserved at optimum maturity over an extended number of years. Is our national program of living ready to absorb and utilize this increasing number of our people?

Let us think not so much in terms of atrophy, decline, and waste of the higher years. Let us now turn to the potentials of growth, development, and maturation. Let us discuss vital health instead of concentrating on disease. Let us exercise modern principles of engineering in the protection of the most vital period of the mature years of life.

Today there is entirely too much suffering from man-made pathology. To be sure, there are definite major problems which visit men and women in the mature and later years of life. These fall in four groups. The most common one is deterioration of the heart and blood vessels. These lesions, including high blood pressure, coronary occlusion, apoplexy, thrombosis and hardening of the arteries account for some 750,000 lives lost each year. The second curse is cancer with 183,000 lives being snuffed out yearly. The third most common ailment has to do with the locomotion of the body involving the joints and muscles. There are some 12 million of our citizens suffering from these collagen conditions. The fourth, and in many ways the most distressing group of disorders in our senior citizens, involves the nervous system.

For all four of these common conditions there is generous promise that medical research will discover highly effective measures for their control or at least for the delay of blood vessel breakdown within the next twenty-five years; likewise for the early diagnosis and eradication of cancer and control of arthritis and rheumatism. With an energetic mental hygiene program the 56 per cent of hospital beds in the Nation that are now being filled with patients with nervous and mental disorders will be reduced to a relatively minor number compared to the present. There is entirely too great a lag between the information available for the prevention of disease and what is being applied. The time has come when a more positive approach should be established.

Significant Researches

Modern magic is carrying on researches on these chronic deteriorations. They give promise of spectacular discoveries in the not too distant future. Studies by Clive McCay of Cornell, Ansel Keys of

Minnesota, Albert Lansing of Washington University in St. Louis, Nathan Shock of Baltimore, and Sidney Weinhouse and Grace Medes in Philadelphia suggest that disorders of nutrition have a close bearing on deterioration of the blood vessels. It is a curious fact that patients with uncontrolled diabetes are three or four times as likely to show premature deterioration of the blood vessels as are non-diabetics. The misconception that hardening of the arteries is a necessary accompaniment of the aging process in the human body must once and for all be dispelled.

There are at the present time great researches being carried on in many of the medical centers of the world bearing on the fundamental problems of growth, both normal and abnormal, of human tissues. This is the first and most important step toward the solution of the cancer problem. You should know that routine studies of far advanced cancer patients do not offer many helpful opportunities for identifying the genesis of the abnormal growth. Already enough information is available concerning the control of cancer, that were it promptly applied, the death rate from cancer would be reduced by 50 per cent. Here then, is a community challenge of first importance. An educational program designed towards the identification of early lesions of cancer as with early lesions of the cardiovascular system will pay great dividends in the control of these two major killers.

In the field of collagen disorders, especially arthritis and rheumatism, there are fairly satisfactory control agents already available. These researches promise more adequate control of these crippling conditions in the not too distant future.

The development of psychodynamics for mental disorders has much to offer. Granted, psychoanalysis may in many ways be opened to serious question, the fact remains that medical science is now beginning to explore more and more effectively the dark recesses of the human mind and uncover astonishingly important information having to do with the cause of mental breakdown.

Retirement Shock

One other group of conditions which is causing a tremendous lot of unhappiness in our senior citizens, often the cause of physical and nervous breakdown, is retirement shock. There are too many individuals being taken away from useful pursuits at a time when they are beginning to strike their stride in community life.

The first half of the twentieth century may well be designated as the period of the youth movement when high value was placed on the important potentials and needs of the growing child, the adolescent, and those of early adult years. Is it not now time that more attention be given to the importance of the mature years of human existence? There are of course precocious individuals who develop early and who strike their stride, who reach their zenith, in the early years of adulthood. However, not all individuals are sprinters through the race of life. There are those who are as marathon runners, who are paced for the long race. These individuals may reach their top performance only in the so-called middle and later years of life.

The Velocity of Aging

Aging varies in speed. Some persons have the happy faculty of preserving the bloom and freshness of early adult life well into the later years. However, all too frequently physical and mental signs of relatively advanced age are found in individuals scarcely 40 years of age. I believe with good care, however, that a large portion of human suffering is avoidable. I think for the most part people do not die, they kill themselves by inordinate drive, tension, stress, and complete indifference to their nutritional needs as they grow into the mature period of life. Medical education and practice has been, until recently, concerned practically exclusively with acute disorders. Hospitals have been built for the care of the acute surgical conditions, infections, and other short term illnesses.

In this enlightened day when the magic of medical science has brought about the control of the majority of infections, a better knowledge of nutrition and metabolic disorders, it is high time for a complete reorientation of our whole health program. Surely, we are living in the golden age so far as medical science is concerned, and yet the potentials of living in the mature and later years of life represent practically unexplored territory. There needs to be an entirely new point of view. Medical science is closing in on the devastations brought about by blood vessel breakdown. We are coming closer to the control of cancer and the other conditions previously mentioned. Human life is going to extend in more and more citizens well into the eighth and ninth decades. Within the next quarter century a large number of centenarians may be anticipated. Is society ready for this increase in senior citizens?



The most striking fact is not that as a people we are living longer; of greater significance is the realization that we are staying young longer. Now we have within our grasp the ability to maintain optimum health with optimum performance and mental concentration into the years which, at the opening of the century, were regarded as those in which decline was the common experience.

I find it a most exhilarating experience to think about the possibilities of the mature mind. In the full recognition of the potentials of mature citizens reside the high hope for the future happiness and welfare of mankind. Until we have mature individuals in places of paramount importance in government, industry, labor, education, the professions, and community life, we will as a people be found wanting. We are moving in new directions.

In the shadow of the atomic bomb when so much depends upon making right decisions, is it not of utmost importance that we preserve the health of our senior citizens so that they may see and understand more clearly the issues facing the nations today?

Changing Trends in Medical Education

Leaders in medical education are now in process of critical examination of the medical curriculum. There is an awareness that all is not as it should be. There is much more to the training of a doctor than studies of bacterial invasion, organ dysfunction, and electrolyte imbalance. No longer does the particular disease or origin surmount in importance the total patient himself. Furthermore, it is coming to be recognized that the basic unit of study should be the family in which the patient moves and has his being. To go still further, the doctor of the future must become more and more the social scientist. It has been fashionable in former days for the so-called basic scientists to look with question upon the social sciences. This was probably not without reason because there was, until comparatively recently, not much basis for calling it a science. However, new methods are becoming available to straighten out these difficulties. Certainly, medical students are beginning to receive a much broader training in the humanities and are being schooled more and more in the intricate relationships between environment, body and mental health. The human life span is now also within the scope of medical exploration. Attitudes, emotional storms, and the hopes and fears of individuals not only in the early years, but in the later years are more in the scientific limelight. Here, in my opinion, is the area of greatest promise. There are, I believe, fabulous untapped resources in the potentials of mature citizens that we must now recognize.

Medical schools are experimenting with courses on growth, development, and maturation. I personally have a minor interest in geriatrics if that field is limited to the evaluation of senile individuals who are vegetating at the precemetery level. One never knows though how much can be regained, how much restoration remains in aged individuals until given a trial on a sound hygienic basis.

At the present time there are two factors which set the stage for poor health in the later years of life. The first is nutrition, the second stress. Granted

an adequate nutritional program for an individual and the control of the exhausting influences of long continued tension, individuals are less susceptible to breaks in the cardiovascular system, the muscular-joint system and the central nervous system. These areas are within the province of scientific investigation today.

Medicine must take the leadership in organizing health programs at the community level which will furnish schools and college with fundamental data that will aid young citizens to improved health. In Philadelphia the new Lankenau Hospital has just opened its doors to the community. In it are many innovations never before included within the scope of hospital service to the community. Here for the first time is a health museum with exhibits dealing with sound methods of promoting health. Here are shown in attractive ways the basic facts of life. Coupled with the health museum is a medical staff and corps of research scientists that may be called upon by the community for demonstrations, lead discussions, and carry on forums for public information. There are plans for a combined teaching faculty utilizing members of the secondary schools teaching staffs and hospital staffs in order to provide interesting programs for the community.

The Control of Twentieth Century Madness

The half-way mark of the twentieth century is an appropriate time for a review of scientific and social trends. The remarkable advances in the physical sciences have altered the environment in which we live, methods of communication and transportation resulting in improved living and working conditions. Medical science likewise, since the turn of the century, has made greater progress and taken more strides in the search for the control of the diseases which affect the human body and human behavior than in the previous twenty centuries. In the light of certain tremendously significant discoveries of the last decade, it is worthwhile to critically examine the major issues bearing on man's physical body and mentality in an effort to read the horizon for future trends. When darkness in the form of a third world war is once again threatening to engulf modern man, it is important that no possibility will be missed that will lead to a clearer solution of the issues of the mid-portion of the twentieth century. In the potentials of mature citizens must be found the answer to twentieth century madness.

Physical Disorders

For purposes of emphasis, let me repeat. The two major physical afflictions which destroy approximately a million American citizens each year are degeneration of the blood vessels and cancer. These conditions are the result of some chemical disorder of foodstuffs plus stress and strain of modern day living plus an hereditary predisposition.

Through the magic of radioactive isotopes, those tiny elements which act as x-rays within the individual cells of the human body, it is now possible to follow each element of food, each hormone, drug, and any other substance through the body that science may wish to study in an endeavor to identify the pathways of food materials as they pass from the intestinal tract to the various tissues of the body. An understanding of the pathways of foodstuffs, hormones, enzymes, and catalysts within the body, complex as it is, is within the reach of modern science. Hardening of the arteries and cancer can be controlled. It becomes a study of energy transformation from the food we eat to the reservoirs in the body where the particular foodstuffs are required for body activity and tissue protection. The brilliant work of Stanley P. Reimann and his staff of chemists and physicists in Philadelphia is a beacon light in the area of scientific advancement. Here, studies on growth, normal and abnormal, are being made. The various deflections from normal growth are being observed. Somewhere in the maze of the activities of these various elements within the body traced by the radioactive isotopes will be found the answer to the cause of blood vessel degeneration and the origin of cancer. This information should appear within the next quarter of a century. From that fund of data will be obtained other controls for many afflictions destroying human lives and happiness today.

Mental Disorders

During the time that effective controls have been discovered for the elimination of infectious disorders, nutritional inadequacies, certain metabolic conditions, anemias and other hitherto major diseases, ill health because of emotional personality problems is rapidly on the increase. Probably 50 per cent of patients who seek advice from their physicians today do so because of functional disorders either as the principal or complicating factors in their illness. The pace of modern society tends to increase the occurrence of neuroses. The loss of

manpower in the recent world war was greater from neuropsychiatric causes than any other single disorder. Twelve per cent of the examined, that is, some 1,800,000 recruits were rejected for military service because of neuropsychiatric conditions. Mental illness has been compared to a nutritional deficiency disorder. It certainly appears so in the majority of mental disturbances in the middle and higher years of life. We are an aging population. There is an increasing number of mental disorders occurring among our older citizens. In our opinion, at least 50 per cent of these are preventable.

One important contribution to the field of psychology and psychiatry in the twentieth century is an understanding of psychodynamics among other theories which aids in an evaluation of human motives. As pointed out by Kattsoff, the new fields of psychiatry and psychoanalysis have made it increasingly more difficult to ignore the purposes behind human behavior. Practicing physicians now study their patients in search of underlying causes for headaches, backaches, weariness, boredom, and loss of appetite. In many cases we find the explanation of physical disorders in conflicts of motives.

As the specialty of pediatrics has evolved effective methods for the identification of early deviations from normal behavior of youngsters, child guidance is clearing the darkness from many mental and emotional disorders of childhood and adolescence. So medical science today must approach the mental problems of our senior citizens in similar fashion to uncover the hidden motives for disturbed behavior. With the method of psychoanalysis revealing the hidden causes for abnormal and antisocial behavior, effective measures for control of unsatisfactory performance may in many ways be instituted.

Social Disorders

The struggle for power today is the struggle for the control of men's minds. Within the individual then, loyalty and devotion to a cause must be regarded as guiding principles of that individual's existence. Social values can be identified. Social science then becomes a method for the understanding of human conduct. It is a search for the attainment of those values which will bring social stability. Thus, in addition to physical and emotional health social maturity becomes a major goal of modern society.

Maturity Potentials

As social values arise from human values, the stability of society is a reflection of the maturity of those which are its fabric. It is reasonable to assume that a stable social order would result from the interplay of mature minds. The maturity concept then takes on social values of significance as its validity is recognized. Psychological maturity has been defined as the master concept of our times by Overstreet in his popular best seller, "The Mature Mind."

The time has come when a bold and aggressive new approach must be made to the whole problem of human suffering. As I have stated above, the two major physical disorders of mature men and women stem from degeneration of the blood vessels and from the development of cancerous growths. There is high promise that these physical conditions will be brought under control using radioactive isotope tracers as instruments of investigation just as the microscope, x-ray machine, and other precision instruments have proven helpful.

A clearer appreciation of mental disorders is on the way through studies of the psychodynamics of the human mind. A better understanding of the motives of human behavior will thereby be gained.

With an understanding of human behavior the social trends of the day will be brought within the realm of scientific objective analysis. The definition of a specific problem when clearly agreed upon by the experts studying it, is an important contribution on the way to its solution. I believe that physical health and the control of disease will result in finer human minds which will result from the magic of modern science. Man does not live by bread alone, but by the drive of his emotions and the inspiration of his understanding of human ideals and human relationships. It does not make sense that in the presence of all the beauty and orderliness of nature that man should seek to destroy himself. Regardless of the religious loyalties of any particular individual, the fact remains that there is a deep underlying grand plan of nature into which man and man's living fit as a cog fits into a machine. Man is on the way to longer life. He has now within his grasp the possibility of the extension of optimum living conditions and health far into the higher years. Modern education has not kept pace with the onward march of the physical scientist. Now the new sciences bearing on mental disorders and social conflicts bring new responsibilities to modern society.

Those who have been selected as national leaders should begin to think in much broader terms with the long sweep of human destiny as the major content of their thinking. Man's inhumanity can be brought under control. The American way of life which recognizes the dignity of the individual and

the privilege of growth and development to full optimum maturity is a worthy goal of every citizen. The alternative is darkness and chaos. Let us dedicate ourselves to the protection of the American way of life that all the world may live on higher ground.

Men like Connie Mack (below) and Arturo Toscanini have helped to inspire many aged by their creative genius, inspired direction of groups in their respective fields.



Financing Medical Care in the Later Years of Life

By Dr. Ernst P. Boas

Chairman, Physicians Forum for the Study of Medical Care

CAN the average middle-aged person independently plan in advance to meet the costs of chronic sickness and terminal illness that may disable him in the later years of life? I believe that most informed persons would answer this question with a categorical No.

Such protection is available only to those who can afford and obtain comprehensive sickness insurance, and continue it until their final illness. They succeed by pooling their resources with those of others. The problem at issue involves all aspects of the costs of medical care, for it has long become apparent that most people have difficulty in financing the costs of medical care long before they approach old age. The occurrence of illness in any individual is unpredictable, and the costs of any particular illness cannot be foretold. In any one year some families spend only a few dollars for medical care, while others are burdened with expenditures that run into the hundreds or even thousands of dollars. Recognition of this basic fact has persuaded most persons who have given serious study to the matter, and this includes the organized medical profession, that medical care insurance, or health insurance, offers the only solution.

During the past decades varied forms of insurance against medical costs have been established and have enrolled many members, but when we determine the actual protection that this insurance gives the people of the United States against the costs of illness we find it quite inadequate. In 1951 about 86 million different persons, or 56 percent of the population, carried some insurance against medical costs. In that year they received \$1.35 billion in benefit payments, but this represented only 16 per cent of the total private expenditures for medical care. The reason for this lies in the fact that only 3 million of the 86 million had comprehensive medical protection, and that many had no insurance at all. The voluntary insurance plans are growing rapidly and it is estimated that within the next

decade some 75 per cent of the population will be covered. Even then, unless the provision of comprehensive insurance makes great headway, insurance benefits will represent only about 21 per cent of the total private expenditures for medical care.¹

This arises from the fact that the premiums at which voluntary insurance can be sold are not high enough to provide for complete medical care, as well as that such insurance has to be sold at a uniform premium irrespective of the income of the individual. Unless the members of the lower and middle income groups are subsidized, or unless the insurance carrier is subsidized, voluntary insurance will be unable to enroll a greater proportion of the population or broaden the scope of its benefits.

If a middle-aged person cannot afford to buy sufficient insurance to protect himself and his family against the hazards of illness, how can he save enough money to provide for serious or prolonged illness that may occur in his old age. This dilemma is emphasized when we review the income status of the people in the United States. In 1950, 77 per cent of all family incomes were less than \$5,000 annually; the median income was \$3,319. Eighty-five percent of those over age 65 had family incomes of less than \$5,000; and their median income was \$1,903. Among single persons the individual income for all ages was under \$5,000 in 97 per cent, and the median income \$1,045.² After they have reached age 65 the total cash income of two-thirds of all persons in the United States is less than \$1,000 per year. Thirty per cent of those 65 years and over have income from employment, one-fifth from old age assistance, one-third from old age and survivors' insurance and related programs. An unknown number have income from personal savings, and many are without income and are dependent on children, or other relatives for support.³ One wonders how these older persons with scanty incomes can obtain adequate food and housing, let alone medical care.

An added difficulty lies in the fact that much of the medical care insurance carried by the middle-aged worker is group insurance obtained in connection with his employment and through collective bargaining agreements made by his union. In many instances the premiums are paid by the employer, in whole or in part. On his retirement this insurance often lapses, because even when he is permitted to continue payments out of his own pocket he no longer can afford to do so. Illustrative of this are the figures for the end of the year 1951 when 57 per cent of the whole population of the country had some form of hospital insurance, whereas only 26 per cent of those over 65 years of age were similarly protected.⁴

Recipients of old age assistance may receive as much as \$55 a month from Federal funds for medical care, and many municipal, county and State hospitals, infirmaries and homes provide medical care to the indigent, but even these resources, large as they are, are far from meeting the medical needs of the aging population.

Illness and Age

It is common knowledge that the frequency of illness increases with advancing years. In later life it is the chronic diseases that take the greatest toll. Approximately one-half of all persons over the age of 65 have some chronic disease or physical impairment. Such illness is sufficiently severe to cause invalidity in 5 per cent of persons from ages 65 to 74, in 7 per cent of those aged 75 to 84, and in 10 per cent of those over age 85.⁵ Any serious acute illness is a great drain on the family purse, but because of its relatively brief duration the family is usually able to regain financial stability in a reasonable period of time, particularly when they have medical care insurance to cover some of the costs. With a chronic illness such as cancer, rheumatism or heart disease the situation is quite different. Illness is long drawn out, over months or years; treatment is complex and expensive. If the wage earner himself is ill the family income stops or is greatly impaired; if it is the wife who is ailing household help must often be employed to meet the needs of the invalid while the wage earner is at work. Hospital insurance is usually limited to some three weeks a year, insurance to help meet the costs of physicians' services has a definite limit beyond which no further payments are made. It is not astonishing, therefore, that chronic illness is one of the chief causes of dependency. Most families, be they young or old, are unable to cope with the economic and social consequences of chronic disease.

We have not yet fully faced this fact. There is a growing realization among workers in the field of public health, and of hospital and public welfare administration that the chronic sick present some very special medical and economic problems. Two chronic diseases—tuberculosis and mental disease—have been the cause of so much disability, and of such economic disaster to the families of their victims that the community has made special provisions for their care. Self interest has furnished an additional stimulus for governmental action. In the case of the tuberculous, fear of infection, in the case of mental disease the aura of mystery that surrounds psychic derangements, and the fear of possible bodily harm from those who are mentally ill, hastened governmental measures to provide medical care and custody. This has been a gradual evolution. One hundred years ago many of the insane were still kept shackled in prisons, and even in the first decades of the twentieth century the county almshouses harbored many of the tuberculous and mentally ill. They were accepted in these public institutions because it was so clearly manifest that the sick persons and their families were financially quite unable to provide the most rudimentary medical care. From these humble beginnings have developed the modern sanatoria for the tuberculous, and the State hospitals for the mentally ill. It is significant that government, be it municipal, county or State, assumes financial responsibility for the care of the sufferers of these two chronic diseases.

From the economic standpoint it makes little difference whether a person is disabled by tuberculosis, mental disease, heart disease, cancer or crippling rheumatism. In each instance the long duration of the illness, the inability to work, and the high cost of medical treatment make it impossible for most of these sick persons to finance their own medical care, either at the time that they become ill, or by saving or insurance plans initiated when they were younger.

Role of Government

Chronic illness, which today is the chief cause of illness and disability in the older age groups, has assumed such proportions that it has become a major public health problem.⁶ The prevention of disease has long been accepted as a proper function of government. During the period that infectious disease was the chief health hazard a variety of suitable methods for disease prevention were established by public health officials. These concerned themselves with sanitation, with pure water and milk supplies, sewage disposal, with mosquito con-

trol, destruction of rats, with delousing, with anti-toxins and vaccines. All of these were mass methods of attack, there was no direct concern with the individual sick person; even vaccination was an impersonal technique applied to whole populations. Gradually, in the case of certain infectious diseases, more direct contact with the sick person developed. The tuberculous were isolated from the community by placing them in sanatoria, treatment clinics were set up by health departments, and contacts who might have been a source of infection, or who in turn might have been infected, were sought out. Similar developments occurred in the field of venereal diseases where clinics for early treatment were established to check the spread of disease, and where a vigorous search for individuals who were a source of infection was prosecuted.

Today health officers are turning their attention to the chronic diseases and have discovered that the old methods of public health control are not useful. The health officer approaches the cancer problem and finds that he must first educate the doctor to give greater care to early diagnosis and appropriate methods of treatment; he must educate the public to be on the lookout for early symptoms; he must establish cancer clinics as well as cancer hospitals equipped for surgery and radiotherapy. When the health officer attempts to control the ravages of diabetes, heart diseases or chronic rheumatism he is led to develop similar techniques.

The control of invalidism arising from the chronic diseases involves the creation and free availability of complete facilities for early diagnosis and treatment. Persons must be encouraged to consult a physician at the first intimation of a bodily disorder, and not wait until the disease has progressed to an advanced stage when damage may be irreparable. The financial barrier that prevents patients from seeking medical advice must be eliminated. Since the rapid evolution of some of the chronic diseases can be controlled by providing adequate medical care, there is just as much reason for government to concern itself with this problem as with the control of malaria, typhoid fever and tuberculosis. We can no longer say, "This is preventive medicine, a proper function of government, and this, on the other hand, is curative medicine, the function of the practitioner of medicine whose services must be bought in the open market." These two aspects of sickness control cannot be dissociated; preventive medicine begins with measures of personal hygiene, and health examinations instituted by the medical practitioner.

Planning for Health Protection

We seem to have wandered far from our original question—Can a middle-aged individual plan successfully for illness that may strike him during the declining years of life? Yet the background of knowledge of the facts that we have cited is indispensable to a correct answer. It seems clear that the average individual, unaided by some form of co-operative effort, is unable even with long term planning to provide for the eventuality of chronic or terminal illness in later life. But this does not absolve him from a real responsibility to preserve his health during his mature years. Prevention and control of the chronic diseases depends in good measure on planned healthful living, on attention to basic principles of personal hygiene, on a proper dietary with avoidance of obesity, on a sensible balance between work and recreation, rest and exercise. There should be a deliberate effort to seek physical fitness and positive health. Periodic physical examinations by a physician should lead to the discovery of early abnormalities that may be indicators of developing disease. In addition medical advice should be sought promptly at the first intimation of any new symptoms.

But even in this field which concerns itself with problems of daily living the community has a substantial share of responsibility. Without community planning adequate housing is often unobtainable. The opportunity to work and so to maintain one's place as a responsible independent member of society is essential to health. Much mental illness in the aged is the result of the individuals' reaction to a hostile environment which has an ever increasing tendency to discard the aged.

When chronic illness finally strikes the aging person few will have the resources to pay for the needed medical care, no matter how saving they have been in their younger years. Supplementary sources of funds must be available. It has been pointed out that most of the current voluntary health insurance plans are quite inadequate. Some plans, like the Health Insurance Plan of New York which offers fairly complete coverage, would be satisfactory if premium payments could be continued after retirement. It should be emphasized that the coverage provided by this plan becomes possible, in large measure, because the employer pays half of the premiums. Without such aid most persons could not afford to buy this form of insurance.

The generalization can be made that without supplementation by the employer or by government, whether this be city, county, State or Federal gov-

ernment, most persons cannot afford to maintain the premiums demanded by a medical care plan that provides complete coverage. The form that such governmental subsidy should take is open to much discussion. Several bills have been introduced into the Congress to provide Federal grants to the states to enable them to subsidize voluntary insurance plans. Others have advocated compulsory national health insurance under the social security system. It is my personal belief that the latter method is probably the best.

Whatever the techniques that may be evolved, the basic fact is that without substantial contributions from government adequate medical care not alone of the aging, but of the whole population is impossible. A clear distinction should be drawn between financing such care, and its actual delivery to sick people. Although the financing probably will have to be national in scope and federally administered, the medical administration, can and should be thoroughly decentralized and made the responsibility of the local community.

The President's Commission on the Health Needs of the Nation studied the aging as part of the general problem. Among their recommendations we find the following: that

- "1. Funds in required amount be specifically earmarked for health services for the aging. Main emphasis should be on diagnostic and other services for patients living in their own homes in order that every opportunity be**

utilized to keep the aging people outside of institutions. Studies should be made of the use of prepayment methods for health services for the aging.

- "2. Adequate standards and methods of payment using public funds for long-term hospital and affiliated nursing home care be developed.**
- "3. Present discrimination against the aging in rehabilitation and other health services, as well as in other aspects of community life, be minimized.**
- "4. Employment of the aging as long as they desire to work and are capable of doing so be considered a highly desirable health measure."**⁷

By its prompt application of the many new discoveries in the fields of curative and preventive medicine society has brought about a great increase in the average life span, and has multiplied the number of its aging members. It has enabled them to survive the onslaughts of infectious disease and live on to an age at which their health is insidiously sapped by one of the chronic diseases. At this point social progress has been halting. One of the major immediate responsibilities of society is the maintenance of the health of its older members by giving them access to medical care, which they cannot obtain unaided, and which is necessary to keep them well and useful.

Literature

¹ Building America's Health, a Report of the President's Commission on the Health Needs of the Nation, Government Printing Office, 1953. Falk, I. S. The Need, Potential and Implications of Compulsory Health Insurance. Vol. 4, p. 66.

² Idem, vol. 3, p. 126, table 160.

³ Idem, vol. 12, p. 93.

⁴ Idem, vol. 2, p. 93.

⁵ National Health Survey, 1935-36, The Magnitude of the Chronic Disease Problem in the United States (Preliminary Reports, Sickness and Medical Series, Bull. 6, Washington, U. S. Public Health Service, 1938, p. 14.

⁶ Boas, E. P. The Unseen Plague, Chronic Disease. N. Y. J. J. Augustin 1940.

Ref. 1, vol. 2, p. 98.

Helping Older Persons With Their Nutritional Problems

By Rosalind C. Lifquist

Home Economics Research Branch, Agricultural Research Service, U. S. Department of Agriculture

THERE is little advantage in living longer if the extra years carry no dividends of health and happiness. Yet today, many of our older persons are not as happy nor as healthy as can reasonably be expected. Frequently this is due to nutrition problems, for all too often the relationship of adequate nutrition to health and to a feeling of well-being is not appreciated.

It is encouraging, however, that most of those with such problems can be helped even though some nutrition debts from the past can never be fully repaid.

Older persons today can be assured that good nutritional health can slow down the aging process. In addition, good nutritional health can be a factor in preventing, or at least in lessening the severity of many conditions prevalent among this age group—conditions that are caused or aggravated by too much or too little food, or by the restriction or elimination from the diet of foods that furnish the particular nutrient or nutrients needed.

If, then, proper food plays such an important part in the health of older persons, of what does such a diet consist?

Elements of Sound Diet

The chief difference between the diet for the earlier and later adult years is in the amount of energy foods needed. Because older people usually are less active they need less food solely for energy. In addition, energy requirements are less because the basal metabolic rate decreases as people get older. On the other hand, unless the utilization of food is unusually poor, the need for protein, calcium, and other major nutrients is considered to be the same as for younger adults. So the present concept of a nutritionally adequate diet for older persons is similar to that considered adequate during the entire adult life. This diet gives first con-

sideration to foods that supply nutrients for repairing and for keeping the body running smoothly, and then adds other foods, as necessary, for energy needs.

Quality rather than quantity of food should be stressed, which means that well-balanced meals should include larger proportions of food furnishing protein, minerals, and vitamins in abundance, and smaller proportions of concentrated fats and highly refined carbohydrates. In terms of foods, such a diet will include generous amounts of vegetables and fruits, especially leafy, green, and yellow vegetables, tomatoes and citrus fruits, milk and milk products, and lean meat, poultry, fish and eggs. Two weekly food plans, one at low and one at moderate cost, that will provide a nutritionally adequate diet of this kind are given below.

TABLE I
TWO FOOD PLANS—at Low and Moderate Cost
(quantities for a week)¹

KIND OF FOOD	Low-cost plan (\$12 to \$13 for a couple, January 1954)		Moderate-cost plan (\$16 to \$17 for a couple, January 1954)	
	Man	Woman	Man	Woman
Leafy, green, and yellow vegetables.....	2½ pounds	2½ pounds	3½ pounds	3½ pounds
Citrus fruits, tomatoes...	2¼ pounds	2¼ pounds	2¾ pounds	2¾ pounds
Potatoes, sweetpotatoes, other vegetables and fruits	3¼ pounds 1¾ pounds	2½ pounds 1¾ pounds	2¾ pounds 3 pounds	2 pounds 3 pounds
Milk, cheese, ice cream (milk equivalent) ²	5 quarts	5 quarts	5½ quarts	5½ quarts
Meat, poultry, fish.....	2 pounds	2 pounds	2¾ pounds	2½ pounds
Eggs.....	4	4	6	6
Dry beans and peas, nuts	2 ounces	2 ounces	2 ounces	1 ounce
Baked goods, flour, cereals (flour equivalent) ³	3¼ pounds	2¼ pounds	2½ pounds	1¾ pounds
Fats, oils.....	⅝ pound	½ pound	¾ pound	½ pound
Sugar, sirups, preserves..	⅝ pound	½ pound	¾ pound	⅝ pound

¹Source: Food guide for older folks. U. S. Dept. Agr. Home and Garden Bul. No. 17, 16 pp. 1952. Available from Office of Information, U. S. Department of Agriculture, Washington 25, D. C.

²The following may be counted as alternates for 1 cup milk: Cheddar cheese, 1½ ounces; cottage cheese, 11 ounces; ice cream, 2 to 3 large dips.

³Count 1½ pounds of baked goods as 1 pound of flour.

Chief Causes of Dietary Problems

If the requirements for an adequate diet follow closely those for early adult life, why do so many older persons have nutritional problems?

There are three basic causes to consider: (1) the prevalence of poor food habits of long standing, (2) the prevalence of low incomes, and (3) the effect on food intake of poor adjustments to changes occurring during this period of life.

Poor food habits of long standing. Poor food habits are not limited to older persons, but the effects of these habits are probably more evident in old age because it is then that many appear to "pay the fiddler" for past dietary errors.

Studies have shown that some people at all stages of life have poor diets even when they have sufficient money to spend for food. Results from a dietary study made in 1948 among about 1,000 homemakers in four large cities may serve as an illustration. Data on the foods eaten during one day by these homemakers were analyzed and then classified by family income and age of homemaker. Although the dietary behavior in all income groups was similar, the following findings concern diets where the family income was between \$2,000 and \$3,000. At all ages, the diets of many homemakers in this income group fell short of recommendations in one or more nutrients. Diets of women under 30 years of age just met or slightly exceeded the dietary allowances recommended in 1948 by the National Research Council for six of the eight nutrients studied—protein, vitamin A value, thiamine, riboflavin, vitamin C, and niacin. Their diets averaged slightly below the recommended allowances for iron and considerably below for calcium.

With increasing age, the diets of these homemakers tended to be poorer until in the group of 60 years and over all nutrients except niacin were below the suggested allowances. The diets for women of this age group provided about 90 per cent of the protein, vitamin A value, and thiamine recommended, about three-fourths of the iron, riboflavin, and ascorbic acid and only about one-half of the calcium. With such an average, one can reasonably assume that diets of some individuals must have been very poor.

Too frequently, the food habits of older persons are not in line with the diets recommended earlier. For example, many older persons tend to reduce their total food intake. In so doing, milk is often omitted as a beverage. Among milk products, cottage cheese is sometimes included but other cheese may be considered difficult to digest. Meat may be

cut down or almost eliminated if it is not easy to chew. Often leafy green vegetables are missing from meals. This leaves a diet consisting mainly of a small assortment of vegetables, cereal, bread and other baked goods, and tea or coffee with sugar. While these foods do provide some of the nutrients needed, other nutrients, especially calcium and some vitamins, are in short supply.

Even with a fairly good variety of foods, it is extremely difficult to get enough calcium unless two or more cups of fluid whole milk or its equivalent in evaporated milk, dry milk, cheese, or ice cream are included daily. Omitting leafy green vegetables in addition to whole milk will greatly reduce the sources of vitamin A. If citrus fruit is curtailed, as it is in the diets of many older persons, vitamin C is almost certain to be lower than desired. Because some of these nutrients are not stored to any extent in the body and the reserves of others may be low, the health of an individual will suffer if such a restricted diet is continued for too long a time.

Low incomes. A second cause of poor diets among older people is the prevalence of low incomes. Many older people have been unable to save and because of this depend to a large extent upon public agencies. In many localities public assistance payments have not kept pace with living costs during the past years. The effect of the rising cost of living on those with low incomes can be appreciated when one considers only the change in the cost of food. For example, the cost of the diet for an elderly couple based on the low-cost food plan developed by the Home Economics Research Branch of the Agricultural Research Service increased 60 per cent between 1945 and 1952.

At best, choosing adequate diets on a low income is not easy. It takes wise and careful planning to purchase food at low cost that will provide a diet for elderly persons well balanced in important nutrients and low in calories. Important protein foods—milk, meat, fish, poultry, and eggs—at current prices take a large per cent of the food budget recommended for elderly persons.

For example, when purchased at September 1953 prices, the quantities of meat, fish, poultry, and eggs, milk and milk products, other than butter, suggested for an elderly couple in the low-cost food plan mentioned above take about 53 per cent of the food dollar—25 per cent for meat, poultry, and fish, 23 per cent for milk and milk products, and about 5 per cent for eggs. Vegetables and fruits take another 21 per cent.

Hence, when adequate quantities of these so-called "protective foods" are included, there is not much left for the foods that provide little food value other than calories, which so often constitute too large a part of the diets of older persons. One can readily see that unless older persons are convinced that a good diet is more important to them than other needs, they undoubtedly will shift to a less expensive diet that is filling and one that is likely to be deficient in some or possibly all of the essential nutrients.

There are ways, however, in which the cost of a good diet can be kept down considerably. For example, some foods cost two, three, and even four times as much as others with similar food value and use in the diet. Probably among foods, meat poses the biggest problem and yet even here there is a wide variation in prices. Fish, which is a good alternate for meat, is cheap in many urban centers.

Difficulty in making adjustments. A third cause of inadequate diets stems from poor food habits precipitated by the inability of older persons to adjust to present conditions. Changes often have been too sudden or too drastic. Many older persons feel unwanted and lonesome and live in a world of decreasing emotional satisfaction and security. Their days are empty and often they have little ambition or will to bring about constructive changes. The chief deterrent may not be that an adequate diet cannot be had but rather the lack of will to get it. A sense of frustration is not conducive to motivation to plan and to do; neither is it conducive to a good appetite which helps one to want to plan and to prepare good meals.

Changing Food Habits

What can be done to help older persons improve their food habits?

In any attempt to change food habits of older people, it must be kept foremost that food has different meanings to different individuals. To a nutritionist, food may be largely important for the nourishment it provides. To others, it may be important for other reasons and its acceptance or rejection may have little actual relation to its nutritive value. Food may have a far greater association with physical, social, economic, and emotional security than with the amount of nutrients provided. Freedom or limitation of food selection may

be closely associated with past or present, pleasant or unpleasant relationships to people or events and these reactions to food may be of long standing. Hence, to alter habits, the underlying reasons must to sympathetically appreciated.

Social workers and nutritionists have much to offer each other in working with older persons. Social workers have been trained to understand the varied social, economic and emotional factors that often have such great effect on the nutritional well-being of older people. On the other hand, nutritionists have been trained to know the food needs of this group and to have some understanding of the effect of outside forces. When possible, mutual sharing by the social worker and nutritionist of information concerning a particular individual should bring forth greater results than when each approaches the older person as if from totally unrelated interests.

Again, the older person prefers foods to which he is accustomed. Actually he may digest these better than other foods. It appears wise, therefore, to learn as much as possible about present habits, and then with an awareness of the individual problems to help the older person modify his food habits at a pace he can accept, without appearing to force upon him an entirely new pattern of life. Because there are many combinations of individual foods that will provide a well-balanced diet, changes can be made in the relative quantity of the kinds of food, rather than a drastic change from familiar foods. For example, in the two food plans given earlier, quantities were given in terms of groupings of foods, similar in nutritive value and in their use in meals. These group quantities can form the over-all pattern of the diet. Then, because each of these groups includes many different foods, the older person can choose for his meals the ones which are most familiar. If these are consistently the poorest choices, nutritionally speaking, better choices can be encouraged gradually.

Of course, there may be times that an older person may not know what constitutes a good diet. In such cases, suggestions usually are readily accepted. On the other hand, if an incentive is needed, improvement in health should be a strong one. Although some may need considerable encouragement for a while, usually their food habits can be changed with the results well worth the effort expended.

Housing Our Aged

By Dr. C-E. A. Winslow

Emeritus Professor of Public Health, Yale Medical School, and Chairman, Committee on Hygiene of Housing, American Public Health Association

MY INTEREST in this problem is both theoretical and practical. For several years I have been chairman of a committee on the hygiene of housing of the American Public Health Association. That committee has recently issued a report on housing an aging population. In this report we tried to work out the theoretical solution of the problem. For about the same length of time, I have also been chairman of the housing authority of New Haven, which at the moment is building its first housing project that includes provisions for older people.

Before preparing our report, we reviewed the situation in England, Holland and Scandinavia. These countries started with special housing projects for aging people but now for the most part recommend that older people should be housed as constituent members of any community. Bevan summed it up very neatly when he said, "the aged do not want to look out of their windows on endless processions of the funerals of their friends; they also want to look at processions of perambulators." I think we, in this country, should try to avoid the error of segregating aging people.

Elements of Housing the Aged

We now have to face this problem specifically because originally housing projects tended to consider only families with children. In your New York State regulations, you are required to provide a certain number of units for the aging. What do they need that differs from any requirements for good housing? Astonishingly little. When we considered the various requirements for healthful housing we found that few of them are related to age differences.

Most older people are not physically able to climb stairs and will be safer and more comfortable in ground floor units or in buildings with elevator service. Ordinarily, older persons require higher indoor temperatures, and the heating system should be capable of producing even temperatures higher than 68° to 70°F. Older people are more predisposed to falls and other accidents than the younger

and more adaptable. The principal causes of accidents, in addition to physical limitations, are poor equipment, bad planning, and insufficient light. There must be provisions for safety, especially in the bathroom and the kitchen. The bathtub should be low and provided with a strategically placed grab bar. Storage shelves are most easily accessible at a height between 27 inches and 63 inches above the floor. No floors should be slippery. Window sills lower than 30 inches should have guard rails. Older people require more effective light, both natural and artificial, than younger persons. Glare must be avoided and artificial illumination should be controlled by readily accessible switches to permit lighting the way ahead. Preferably, the light switch for the bathroom should be just outside the door.

On the whole good housing for aging persons is good housing. After the tentative plans, which were based on family needs, were drawn for our new housing project in New Haven, we considered them very carefully and lo and behold we found that practically everything specifically necessary for the aging had been included in all units.

Course for the Future

It would seem clear that the solution of the problem of housing an aging population will come about not by any radical changes but by slight modifications of our present program.

First, a greater number of small units should be provided than in the past. At the beginning of the housing movement, and I think rightly, large families with children were stressed. Now, it is more than time to consider the one or two-person household. We have done so pitifully little in the way of providing small units that there is an immediate challenge.

Second, present public housing regulations, which limit occupancy of the few available small apartments to husband and wife, should be changed. The definition of "family" should be broadened so that two unrelated elderly men or two women are eligible for admission. A sizable

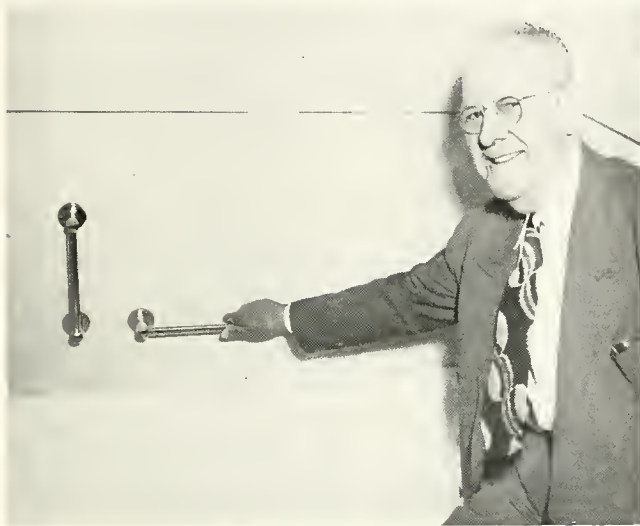
proportion of older people are unmarried or widowed.

Third, there is need for non-housekeeping dwelling units for single persons in all age groups.

Fourth is the matter of ability to pay. Some form of low-cost housing must be made available because a large proportion of older persons have inadequate income to provide desirable housing.

There is no magic wand that can be waved to solve the problem of housing our aged. Nothing particularly startling is required. No new kind of construction is necessary; only carefully designed units with well-planned circulation and proper

installation of equipment. Our primary requirement is basically good housing for all the American people regardless of age or family size.



Bathtub handles shown by Stephen Schuyler, retired city policeman, who with his wife occupy one of the apartments.



Curtains replace closet doors wherever possible in apartments for the aged.

Lifting Standards in Nursing Homes Through Education

By Dr. Philip Taietz

Associate Professor, Department of Rural Sociology, Cornell University

NURSING homes mushroomed in importance in the thirties to meet the need for facilities for the care of the infirm aged. Today they provide care for some 12,000 persons in New York State, three-fourths of them 70 years old and over. About half of nursing home patients are public assistance recipients.

The rapid growth and short history of nursing homes have precluded the development of any comprehensive program for training their staffs for the kinds of basic services and safeguards recognized as essential by authorities in this field. It has been felt that this kind of training could contribute

greatly to the efficiency of the homes and in the long run reduce welfare expenditures by helping the patients to become more self-sufficient. Professional people in the field, the New York State Department of Social Welfare, and the nursing home proprietors have been devoting a good deal of thought to organizing some form of training program.

During the Spring of 1953, members of the staff of the Department of Rural Sociology at Cornell, Miss Ollie Randall of the Community Service Society, and representatives of the Department of Social Welfare designed an experiment in education for nursing home care. This experiment, sponsored by Cornell University and the New York State Department of Social Welfare, was labelled the Cornell Institute for Nursing Home Proprietors. The proposed experiment was discussed with a number of nursing home proprietors in upstate New York. The interest and enthusiasm of these proprietors supplied the final encouragement for conducting the experiment. Accordingly, a two-day program was planned for October 20 and 21, 1953. It was hoped that through pooling the experiences of the nursing home proprietors and authorities in nursing home administration, ideas could be developed which would be useful to proprietors in (1) providing the best possible care to the patients and (2) deriving greater economic advantage and personal satisfaction from their work.

Invitations were sent to some 80 nursing homes in upstate New York specifying that enrollment would be limited to the first 25 persons who responded. Early doubts as to whether nursing home proprietors would be willing to invest a significant amount of time and money in this experiment were quickly dispelled by the enthusiastic response to the invitations. Forty persons submitted applications. Facilities were expanded to accommodate 32 persons but it was not possible to enroll the other eight. It was learned that many proprietors, including several who were not on the invitation list,



wanted to attend but did not apply, because they had learned that the enrollment limit had been reached.

For two very long days these 32 persons applied themselves with energy and enthusiasm to many of the problems of nursing home administration—nutrition, personnel, record-keeping, recreation, and many others.

A complete evaluation of the institute is impossible at this early date, but some significant observations can be made. Comments made by participants during and after the institute indicate their strong belief that a continuation and expansion of this type of educational activity would produce important values to the nursing home patients, the proprietors, and the State of New York.

Nursing home proprietors are the key people in the provision of nursing care to the increasing num-

ber of older people in our State. Through educational activities of this kind they have an opportunity to see the significance of their function in the total problem of care of the aged. To the extent that the quality of nursing home care is improved, our older people will be happier in these homes, will be able to return more quickly to their own homes, and will have a better chance to once more take an active part in the life of their family and community.

Improvements of this kind obviously contribute to the general welfare of the State. And last but not least, we must speak about the nursing home proprietors. Through improved administration and an increasingly professional point of view, they should be able to provide themselves with an increased economic return and greater satisfaction from the work they do.

Education for Senior Citizens in New York City

By Mr. Mark A. McCloskey

Director, Bureau of Community Education, Board of Education of the City of New York

AMERICA and Americans are fighting the "battle of the bulge" on many fronts. Collectively and chronologically we are bulging at both ends. We have more young children and more older people than we have ever had before. First grade school entrances are 30 per cent higher today than they were ten years ago. New York City's

population over age 65 is increasing nine times as fast as the rest of the city's population. Our public schools are struggling to meet the many problems which these bulges present.

Nations tend to be concerned mainly with that of which they have most. Regarding itself essentially as a young country the United States has,



at least up to now, been pre-occupied with youth-serving activities. It is only as we get older that we begin to look at the other end of life and become more concerned with the method of filling the later years with security and success, to the exclusion of fear and frustration.

Our public school system and educational institutions traditionally have been places for the young. Education has been conceived as something to which you were exposed in your youth. Recreation and play until very recently were regarded as almost sinful, or at the very least as being for children only.

It is my belief that the tremendous productive power and potential of the American economic system will not only make possible increased educational and recreational opportunity, but will make such activity an essential part of the every day life of all mature adults. There is no doubt in my mind that one of the chief characteristics of any community which seeks to fill the later years of people with delight rather than dread, will be a well-planned program of adult education and recreation.

Children who are hungry, sick or in poor condition mentally or physically, cannot learn effectively. So, for purposes of this discussion, we must assume adequate provision to meet economic needs so that older adults may be able to devote some of their energies to education for increased individual competence and community development.

The educational and recreational problems of older people cannot be met effectively except by viewing them as part of the life cycle of the individual. This may be considered roughly to have three phases:

Youth—when education is the main occupation, with work in a secondary position. It is my belief that there should be some form of “productive” work in which all young children engage, even if it is only chores around the house.

Maturity—when productive work moves in to occupy the major portion of an adult’s time, with education and recreation assuming a secondary role. Similarly I believe that all adults should continue their contact with some educational institution, even if on a very informal basis.

Later maturity—when productive work, as such, moves into a less prominent position in the adult’s life, and greater time and attention is given to participation in creative activities

voluntarily chosen because of the satisfactions which they yield. There is a need for gradualism in this movement from one phase of the life cycle to the other. Preparation for the next phase should be an important part of life in the preceding phase. We have given much attention to the process of moving from “Youth” to “Maturity” but there is little attention given to preparation for the movement into “Later Maturity”. Because the problem of older adults is essentially an adult education and recreation problem, school systems in New York State should face these responsibilities:

1. **Increase the attention given in schools and colleges to adult education, adult recreation and to the study of the psychology of the older adult.** Preparation in these areas should be a part of the training of every school teacher. In New York City, Teachers College, Columbia and New York University have taken some steps in this direction.
2. **Increase the emphasis throughout the school system on the conception of continued or adult education as the next rung on the educational ladder after the last phase of compulsory or academic education has been completed.** The New York City School System has made some beginning in this field.
3. **Provide opportunities for all adults to continue educational activity especially in the informal or non-credit field.** Hobbies, skills, interests must be developed early in life if they are to be of value as a means of continued growth in later life. There must be early preparation for the most fruitful use of the leisure time which is being produced in such large measure by our technological advance. Our people who have learned the philosophy of hard work must now learn that the highest fruits of civilization come from man occupied in searching for the goods of the spirit. The New York City Board of Education in its large adult and evening centers offers opportunity for all adults to engage in any activity which delights the mind or occupies the body.
4. **Arouse greater interest in community organizations and agencies in the use of the school buildings and their adult education funds for the benefit of older adults.** Voca-

tional advisory committees to school systems now consider and recommend effective means of training youth for employment in an industry; they should also recommend effective means for retiring employees from an industry. Parents Associations should be concerned not only with courses in child psychology, but also in a study of "How to Live with Grandma and Like It."

5. Provide competent teachers of adults to augment the programs for older adults which have been organized by public and private agencies on a nonsectarian basis. In New York City, the Mayor's Advisory Committee on the Aged recently regretted the fact that a budgetary request by the Board of Education for \$50,000 to inaugurate an experimental program was eliminated by the city fiscal authorities. Seventy per cent of this money would have come back to the city through State aid.
6. Prevent older adults from becoming an unproductive, group apart. Recreational and adult education activities for older adults must have as one of their objectives the re-integration of senior citizens in the society of their contemporaries of all ages. The accumulated wisdom of this group of citizens is a resource which can prove to be of great value to the community.
7. Establish counseling and guidance centers for adults, faced with problems of health, vocational retraining or other changes in the pattern of life resulting from advancing years.

Several actual cases will point up the kind of influence which adult education and recreation centers have had and can have on the lives of our older inhabitants.

"Mr. S. T., 70 years of age, blind in one eye and with sight failing in the other, enrolled in the East New York Center painting class because his doctor ordered him to 'get out and do something.' With no previous experience in sketching or painting, Mr. T's work has attracted such attention that he is today called 'The Grandpa Moses of East New York.' Provided with a studio of his own by the Industrial Home for the Blind, Mr. T. is painting in a

hurry. He wants to fill his canvasses while he can still see."

"Dr. K. arrived at the Center in mid-May after having seen the Hobby Show. He asked about the choral group and was greatly disappointed when he was told that classes would end soon and would not resume until October. 'At 92', he said, 'I can't plan that far ahead. But if you'll guarantee that I'll be alive then, I'll come back.' Dr. K. did come back in October and came to the Center regularly until the age of 94."

"Mrs. R. P., about 70 years of age, has attracted much attention because of her unique style of painting. In acknowledging a recent award to her by the local savings bank for having submitted the best painting in a Center Art Exhibition, she wrote, 'You have given me so much happiness and courage. At this age that I am, I wouldn't have anything to live for without pleasantness like this to do—this pleasantness that I wanted all my life and couldn't even dream about it. There isn't any word to express my gratitude to you. May God Bless You for your goodness that you are doing to so many lost, old or young people like me.'"

"Mr. G. is an elderly bachelor who lives with his aged mother. He came to New York City from Russia when he was 22. He has been retired from the jewelry business for more than 22 years. The Center, he says, keeps him from brooding. When it is closed, he has no place to go. He becomes a 'shadow on the streets at night.' He doesn't care for saloons; the libraries are closed he has few friends to visit. The Center is his 'meeting room', where he gets 'pleasure as well as learning.' He calls the door of the school the only one through which you can enter and later leave with more than you had when you came in."

"Mrs. P. attends a Youth and Adult Center four nights a week—at the age of 71. She prefers coming to the Center and developing hobbies, to going to the movies, from which 'you can't take anything'. Currently, she is taking home decorating, home repairs, home catering and a course called Make Money on Your Own Ideas. She still works as a dressmaker and milliner, but some day, 'When she gets old', she expects to earn a living by a hobby."

Education for the Years of Retirement

By Dr. William H. Kilpatrick

Emeritus Professor, Philosophy of Education

TWO considerations probably entered into the decision to invite me to present this topic:

1. That I have given my best years to the study of education; and
2. That I belong among the aged, being now 82 years old.

My task here is to discuss a possible educational program for helping to take care of the years after one retires from his regular work, a program to help make these years of retirement happier and more useful than otherwise they might be.

Degrees of Retirement

We must of course recognize that there are degrees of retirement. Three such degrees can be named:

1. Where the person does not really retire, but rather slows down, giving up perhaps certain more strenuous parts of the work. A mother and housewife, for example, after the children grow up and marry off, finds life much less exacting. She may in fact find it not filling enough of her time to make life interesting. A lawyer or doctor or other professional may slow down, refusing to continue the more strenuous parts of his professional work.
2. A person may legally and actually retire from a specific position, but continue to work along the same general line and in the same professional environment. A professor may retire from his actual position at 65, but continue to teach in summer schools or elsewhere as a visiting professor, while he continues to live in his old home, attend educational gatherings, and work in educational societies. He may in fact write his best books under these conditions.
3. It is, however, the third group that gives chief difficulty and chief concern, those who give up completely their work and life as hitherto lived and then have little or nothing with which to occupy their time. Not a few move

off to Florida or California and so live under entirely different conditions.

Before taking up educational proposals for helping those who retire in one or the other of these ways, certain underlying considerations may well be named.

1. Happiness anywhere and at any time of life depends on the factor of interest and consequent appropriate action. One gets his happiness from (a) having a definite interest, one or more, and (b) giving himself wholeheartedly for the time being to the pursuit of such an interest. The more completely one can forget himself in the active pursuit of such an interest, the happier he will be. However, this will be possible only as one feels that he is succeeding reasonably well at what he is trying to do. This sense of success comes better in the degree that the work is objective enough to be seen, not only by one's self but also by others. The more that these others, whose judgment one values, approve one's success, the greater satisfaction one gets from it.

2. Interests can be built. If one will (a) work hard enough at a new line and (b) can honestly approve his success, he will almost certainly develop an interest in this new line. The harder he works, the more he feels his success and the more other competent judges approve, the surer and quicker is the interest built. If the enterprise is the kind that grows under treatment, then if the other conditions hold, the more lasting and satisfying is the interest thus built.

3. People differ. Not all will care for the same things. Individual capacities differ, so that some persons can succeed at a given line, where others will fail. We have to help people try out different things until they do find a satisfactory interest.

4. Our task is thus defined; it is to help each aging person find one or more abiding interests, interests to which he can continue to give himself, and feel that he is succeeding, succeeding well enough to carry the approval of others whose opinion he values.

We come then to our specific problem, Education for the Years of Retirement. This education must consist, as we have just seen, in helping each person to build for himself one or more satisfying interests. Two lines of interests present themselves in which the individual may well work.

1. **Some hobby**, some art or handicraft, or partial occupation: Painting (e.g., Grandma Moses, Sir Winston Churchill, President Eisenhower. Each one of us here has probably been much surprised at the success certain friends have had here), woodcarving, working in brass or silver, cabinet making, making puppet shows, binding books, growing flowers, growing fruits, planting a small vegetable garden, decorating a room, writing, genealogy (once started there is no end), writing one's autobiography not to publish but for one's children and their children. These are a few of the possible lines under this first head.

2. **Joining welfare organizations.** To succeed best this should begin in the elementary school, and be continued through secondary school and college. The range here is great but the emphasis should be on active citizenship. This calls for actual participation in on-going organizations or, perhaps better, in creatively made organizations. Otherwise the mere textbook kind of school may kill off any ascent interest along this line, as Spaulding's 1938 study of New York State secondary schools demonstrated. The Girl Scouts, and less well the Boy Scouts, look in this direction.

Positive programs to study and improve community living should be a definite part of every secondary school program. Adult education organizations should seek to enlist soon-to-be aging men and women in worthy welfare organizations. We should build a public opinion support for the idea that every decent citizen does work in one or more welfare organizations.



Exercises for Senior Citizens

By Miss Ruth Doing

Instructor, Cold Spring Project, The Walt Foundation

THE need for exercise in later life would not be so great if, during the middle years our potential oldsters had developed a form of pleasurable exercise which they could continue into later life.

I know many such wise ones, who, because of this practice, continue in fine vigor, well past the usual milestone of old age. It is in the middle years that many people, as they put it, "cut out the exercise" and then and there lay the groundwork for many of the physical difficulties which later become habitual.

These physical difficulties are demonstrated in elderly people by the evidence of rigidities in the joints, lack of muscle tone, postural imbalance, the loss of vigorous dynamic direction in movement, and the outer picture of circulatory disturbance and hypertension, which they often present. These limitations interfere with coordination, and the natural rhythmic functioning of the organism. This, in turn, adds to personality conflicts which in the first instance are probably responsible for many of the physical handicaps which we have noted.

We see then that the involvement of the individual in this vicious circle can only be resolved by a program that takes into consideration his physical, mental and emotional welfare and activity.

This type of program was carried on last year at Cold Spring Project, where a program of living evolved out of the interests and needs of a group of 10 older people whose ages ranged from 60 to 75 years, was carried out for a year with rewarding results. The total program included lectures, discussion groups, formal and informal counselling, reading of plays and books by modern authorities on studies in growth and development, which was the core subject of their adventuring into this new type of learning. Creative writing and painting, rhythms and shop, tending the growing plants in greenhouse and garden, all contributed to an organic experience and procedure which is also basic to the type of movement which I will describe to you today. This unity of purpose and correlation of techniques

is what gives such vitality to each separate subject in the "whole" of a creative program.

I met these students twice a week from October to June and after that they carried on the rhythms on their own initiative until September when their year at the Foundation was at an end. This freedom of choice and responsibility for their own physical re-education and well-being was the direct outcome, on the expression level, of the personal satisfaction and security they enjoyed in these sessions, and the conscious transfer that they were able to make of rhythmic techniques to other related activities.

Easing Tension

We know that tension produces fatigue to a far greater degree than the right type of activity, so obviously we must get rid of tension. The classes begin with a period of relaxation, which is best realized when the body can assume a prone position. Floor work, stretching, rotating joints and big muscle activity take up about half of the hour given over to the rhythm work. We are now ready to enjoy rhythmic activities and creative response to music through group activity or through individually spontaneous use of the body. This is encouraged by the leader, for if we can get the inside of us on the outside in an expressive way half of the destructive force back of suppressions and inhibitions is dissipated, and this catharsis leaves the individual with a personal sense of artistic achievement.

This is not a system of "geriatric exercises" so-called, but one that has met the needs of children, and adults, as well as older persons, for many years.

It has been said "That the fundamental conditions of the experience of rhythm is to be looked for in the laws which govern the regularity in the functioning of the body organism". This is retroactive, and when the bodily organism is found not performing according to these laws of body functioning, we are able to help counteract this arrhythm by re-establishing the flow of nervous energy and organic response to outer stimulæ by means of

these exercises which are fundamental to this experience of bodily rhythm.

The manner in which music is used in these sessions is important. It is not used as background music but is carefully chosen and tested to furnish an element in which individuals may absorb and translate music through the media of the body as an instrument. Good music has a regulatory effect on breathing and the balancing forces of the body in repose and movement.

Since the span of attention and energy differs appreciably in these older people, in these classes, some rest while others move, and vice versa. A decided social advantage is gained in this audience-actor relationship where admiration for another's performance and a discriminating appraisal of his progress and ease in movement cements group solidarity and participation. Each person is free to make his own adaptation of the exercises according to his individual needs and capacities—and measures his own progress in terms of growth in control and freedom and elasticity in movement.

Science being largely responsible for the older citizenry, has no answer for his real needs in terms of things of the spirit, individual expression and initiative. So I salute you as carrying the burden of the re-education of people who are in the fortunate, or shall I say unfortunate, state of having time on their hands.

The possibility of a decade more at least, of **mature living** in a confused world is what we envision for them.

I do not think we need to stress the idea of hobbies for older people, as valuable as they have proven in some cases. Since, if he has a hobby he will indulge it and if he has not, unless he develops one out of an inner need and interest, it will have little validity for him. It will serve to occupy him perhaps, as television does children, when other members of the family would be relieved of them but it has no real social implication.

Not hobbies, but vital interests and challenges among groups of one's own age level—in a living situation, such as I have here described, will be acceptable and absorbing to the enlightened older citizenry.

Industry should be alerted to the vast possibilities in such a setup for the schooling in retirement of their pensioners, and government, for the education of its vast, new, older population, with its potential as a voting power in future legislation.

There are many cliches flying about to the effect that life begins at 60 at 80, etc. Life begins, continues and pursues its rhythmic cycle. Let us see that we are in step with the movement of this organic rhythm, which levels all time, all space, all activity, and fulfills and dignifies that cycle called old age.

Trends in Old Age Assistance in New York City

By Miss V. Charlotte Authier

Director of the Bureau of Special Services, New York City Department of Welfare

ALTHOUGH less than 10 per cent of the population in New York City 65 years of age or over is receiving Old Age Assistance, the size of the caseload—approximately 55,000 individuals over 65 years—is sufficiently large to provide a basis from which may be drawn a number of important conclusions; conclusions which it is reasonable to assume are applicable to the aged population generally.

With the increase in Old Age and Survivors' Insurance payments within the last few years, it might reasonably be expected that the Old Age Assistance case-load would show a substantial decrease. The contrary, however, is true with statistics showing that the number of persons receiving Old Age Assistance remains fairly static.

In the period September 1950 to October 1953, the Old Age Assistance case load declined slightly less than 12%. It is interesting to compare the decline in the Old Age Assistance rolls with that in Home Relief and Veterans Assistance for the same period. In September 1950, there were 128,859 persons receiving either Home Relief or Veterans Assistance. In October 1953, there were 72,807 persons receiving Aid to Disabled and either Home Relief or Veterans Assistance. (The Aid to Disabled program was initiated in October 1950 and most of the persons receiving Aid to Disabled either came from the Home Relief rolls or would be receiving that type of assistance were there no Aid to Disabled category. Thus, in order to arrive at a valid percentage of decrease, it is necessary to add together the number of persons receiving Aid to Disabled and Home Relief in October 1953, and compare this figure with the number receiving Home Relief in September 1950.) The total decline in these two programs for the period September 1950 to October 1953 was 56,052 persons or 43.5%. The number of persons receiving Old Age Assistance represents 22% of the total number of persons on Public Assistance rolls.

A study recently made by the Division of Statistics of the Department of Welfare, in cooperation with the Mayor's Advisory Committee for the Aged, of a 1% sample of the Old Age Assistance case load brought out a number of significant factors. It was found that 19.1% of the persons on the Old Age Assistance rolls had indicated an employment history in a professional or semi-professional capac-



Over a third of persons on OAA in NYC study had been domestics, laborers or other service workers. Desmond Committee study upstate indicated that if OASI was to cut down OAA rolls effectively it would have to cover this group which is particularly vulnerable to financial difficulties.

ity, or work as a proprietor, manager, official, clerk, craftsman, operator, sales person or mechanic. Domestic workers, laborers, or other service workers accounted for 37.7 per cent, with 43.2 per cent in other fields, or with an unknown work background or no employment experience.

With respect to housing, accommodations in the main were in the recipients' own home, apartment or furnished room. While 87.9% of the housing accommodations were described as not dilapidated, with 78.1% having central heating and 85.3% having hot or cold water, only 54.2% had private bathrooms and only 58.5% had private toilet facilities. The three largest groups into which rent payments fell were: under \$20 a month, 26.6%; \$20 to \$30, 31.7%; and \$30 to \$40 monthly, 21.7%.

One of the most significant highlights of the study is in relation to health. While over 50% of the persons studied had some kind of limiting disability, less than 10% were bedridden or homebound and 37.5% had no disability whatsoever. Thirty-nine and three-tenths per cent (39.3%) had received no medical care within the last year. It was also found that more than 60% of these persons either lived alone or with a spouse only (43.3% lived alone, 17% with spouse only. Another 9.6% lived with or without spouse with other in a shared household. Slightly less than 10% lived with children or other relatives and the remainder, approximately 20%, depended presumably upon some kind of supervised living arrangement since they resided either with non-relatives or in residence clubs, foster homes, boarding homes, nursing homes, or private institutions.

The section of the study covering social participation brought out that by far the largest groups of older persons depended for their social contacts either upon church affiliations (46.9%) or on visiting (53.9%). (The overlapping in these two groups is caused by the fact that the same person may have indicated both church affiliation and visiting as his preferred social activity.) Interesting enough, 4.1% of the persons studied participated in Day Center Programs or in activities of neighborhood clubs, although an additional 4% indicated an interest in hobbies and 7.4% took advantage of adult education opportunities as well as the facilities of the Public Library.

The study showed further that only 15.7% of the group were unable to prepare their own meals and therefore received allowances in their Old Age Assistance grant to provide for meals in a restaurant, while 58.5% were able to cook their own meals regularly. Thus from this, we can conclude

that 41.5% of the total number studied required either meals in a restaurant, or required the marketing and the preparation of meals by others.

In order to evaluate the nutritional adequacy of the menus or the regularity of the meals cooked by the individual old person, a much more detailed study would be necessary. Observations, however, point to the fact that the scarcity of adequate services and facilities, such as part-time homemakers to assist those older persons who wish to remain in their own homes, or a sufficiency of foster or boarding homes, causes many older persons to take on more responsibility for household tasks than they can realistically be expected to assume.

This would seem to support the community's continuing need for a vastly increased number of supervised living arrangements or living arrangements in which the older person can depend upon some assistance with marketing, meal planning and preparation, cleaning, bathing, and other types of care.

Need for Home-maker Service

The fact that more than 60% of older persons cling to their own homes points conclusively to the desirability to them of such an arrangement. It is well known that for many of our aged, relinquishing the familiar surroundings and disposing of possessions to enter an institution, excellent as many of them are, mark the beginning of the downgrade. There is a strong emotional urge for many older persons to remain a part of the community and take as active a part as possible for the years that remain. Part-time homemaker service is one of the answers.

The experience of the Department of Welfare has shown that this is not a costly service. The part-time nature of the service makes possible the utilization of the same homemaker for a number of aged individuals or couples. The homemaker, whose hours and days of work vary with the needs of the client, might, for instance, do the cleaning, marketing and preparation of the main meal, perhaps three or four times a week, planning for enough left-over food for easy preparation for the old person himself.

This service meets the needs of the person in reasonably good health, but who is not sufficiently strong or active to take full responsibility for running the household. For those who need a supervised living arrangement but not nursing care, the foster or boarding home offers a solution. Here the older person is accommodated in a small family setting, has a measure of privacy, can enjoy the companionship of others, is free to engage in social

activity within or outside the home, and yet receives care on an as-needed basis. Here too it is frequently possible to accommodate at least some of the older person's own possessions.

The great difficulty is an insufficient number of boarding homes of good standard to meet the needs of our aging population. Certainly this is something to be considered in terms of future planning.

Another trend in the care of the aging which has made itself felt increasingly over the last few years is the need for nursing home care. Applications for nursing home care for the aged ill have risen so sharply that Department of Welfare figures have more than tripled in the period May 1952 through October 1953. Here again there is a dearth of accommodations where care of good quality may be secured at reasonable rates. The Department of Welfare has striven to raise standards of care and in cooperation with the Department of Hospitals has been successful in classifying nursing homes in accordance with the quality of care rendered and in negotiating fees which have a direct relationship to the extent of care required by the individual patient.

This has made possible replacements of many hundreds of indigent hospital patients, thereby releasing a hospital bed and at the same time providing medical and nursing care at a substantial saving to the city since nursing home care costs far less than hospital care.

A hopeful trend now beginning to emerge is for the private institution to include facilities for the care of the patient who needs primarily nursing care. In these institutions the nursing and medical care is of excellent quality and is supported by the various rehabilitation services which do so much to improve health and increase the ability for greater self-help.

Day Centers

With respect to the well aged or those who can be so classified because they do not require continuous medical or nursing care, supervised living arrangements, housekeeping assistance or institutional living, there is much that remains to be done. Activity and recreational programs, in which field the Department of Welfare has pioneered, need to be expanded and broadened in scope. The number of Day Centers for the Aged is far short of adequate for present demands, and the scope of the program should be broadened to include both State and Federal reimbursement.

One does not need to dwell on the benefits to the older persons of creative and useful endeavor. All one has to do is to visit any one of the Day Centers

now operating and see for himself the spirit of the members who regularly participate. The interest and enthusiasm of members are reflected in their chosen activities, such as painting, sculpture, music, carpentry, square dancing, and any one of a dozen other pursuits. A heartwarming byproduct so frequently tied in with happy and useful occupation is unselfish thought for others, which in the Day Centers is manifested in making friendly visits to other old persons in the vicinity and in performing simple services for the ill or homebound.

A recent study of clinic attendance for members of Day Center Programs for the Aged brought out that a definite relationship exists between increased association with the Day Center Program and decreased clinic attendance of the membership. In a random sample of the records of 200 persons who regularly attended a Day Center, plus personal interviews with each, it was found that clinic attendance had declined by 37.8%. It is not surprising that the older person, with little to look forward to in employment, in family responsibility, or in companionship with contemporaries, should become preoccupied with illness and seek personal attention at hospital clinics. What is surprising is that our community at large has not fully recognized the increased benefits in physical, mental, and emotional health which accrue to the older person through participation in these activity programs.

Already several private homes for the aged, in cooperation with the Department of Welfare, have made space available for Day Centers. The fact that these institutions have for the first time opened their doors and their facilities to others in the community within the area of the home is a hopeful note. The Day Center Program within the institution brings together in a cooperative relationship residents of the home and their neighbors from the community. Each has something to gain and each has something to contribute.

It is my personal belief, as well as the opinion of many persons active in the field of the aging, that the institution of the future has an important role to play with its large physical plant and excellent facilities. It can and should serve as a community center for all of the non-resident elderly who live in the proximity of the institution. In addition to activity, educational, and recreation programs, it should provide an information and counseling service, medical and dental care, occupational therapy and other rehabilitative services, a summer vacation referral service for the older person able to benefit thereby, and any other valid social service. Thus the institution of the future is seen, not as a

service confined to the limited number which can be accommodated within its physical boundaries, but as a vital and moving force in the life of the community.

In the last several years the Department of Welfare has added materially to its basic services for the older person. The Boarding Home Program which consists of approximately 750 private foster homes, supervised by the Department, each of which cares for from two to six or more aging persons; the Nursing Home Program which provides nursing care for an additional 1500 to 1600 recipients; the Homemaker Service for Adults which provides part-time household assistance to another large group; and the Day Center Program which maintains and operates in cooperation with voluntary agencies and interested community persons, 15 Day Centers for the Aged, are some of the services offered by the public agency.

Old Age Assistance

The amount of the Old Age Assistance grant has increased both in the budgetary allowances for recurring items as well as in the grants provided for special non-recurring items. These increases are mainly for food, shelter, personal care, clothing, household supplies and expenses incident to age and were brought about both by a rise in the price of goods and services and a change in standards, that is the quantity and quality of the goods and services.

An example of the change in budgets may be seen in a typical budget for an Old Age Assistance recipient in 1943 and one in 1953.

In 1943 a typical budget for an Old Age Assistance recipient amounted to \$42.10 monthly; in 1953 an allowance of \$76.10 would be provided to meet the same basic, essential needs.

A steadily increasing concern for needs other than those required for normal daily living may be seen in a number of other services available to the Old Age Assistance recipient. These are therapeutic diets, when medically prescribed, specialized medical services such as home examinations for home- or bed-bound recipients which include laboratory tests, podiatry services, eye examinations, emergency dental care and chronic care medical services which provides physicians' and nurses' visits to the home.

These are some of the ways in which the Department of Welfare makes it possible for the old person to remain in his own home.

The sheer numbers of older persons, as well as the tremendous increase in the aging population anticipated by demographers, make it essential that all of us, business and industrial groups, as well as professional social workers, press for legislation which will bring about sound social planning for the care of the aging. In the long run this will prove far less costly and will pay dividends in improved health and well-being of the older person.

Trends in Social Security for the Aged in New York State

By Mr. Joseph B. O'Connor

Regional Director, Region II, United States Department of Health, Education and Welfare

IN THE year of 1900 when New York State had an approximate population of 4,500,000 there were 233,000 persons in the State who were 65 years of age or over.

The persons over 65 years of age in 1900 represented 5% of the total population of the State. The persons over 65 years of age in 1950 represents 8½% of the total population of the State. It is estimated that at this date there is close to 1,500,000 residents who have reached the age of 65.

Based upon information available on trends and other indices in the past, we may assume that in the next 50 years the number of persons over 65 years of age will at least double or triple. Those of us working in the field of Social Security for the Aged have seen a most significant increase in the old age insurance payments which take place in a much shorter period of time.

In the three years from June 30, 1950 to June 30, 1953, the number of persons over 65 years of age receiving Old Age and Survivors Insurance payments in the State of New York have nearly doubled. The number of retired wage earners of Old Age and Survivors Insurance soared from 181,000 to 366,000 or an increase of 103% in a period of three years.

Wives or husbands of wage earners over 65 years of age receiving benefits increased from 52,000 in 1950 to 95,750 as of June 30, 1953. Widows or widowers beneficiaries over 65 years of age increased from 40,000 in June 1950 to 67,000 in 1953. The total number of aged persons in New York State receiving Old Age and Survivors Insurance benefits increased from 275,000 in June 1950 to 532,000 as of June 30, 1953.

This increase in the number of aged persons receiving Old Age and Survivors Insurance payments may be attributed to the liberalization of eligibility requirements and the expansion of the Social Security coverage to a greater number of persons under the amendments of the Social Security Act in 1950.

Another important factor in the increase of the number of Old Age Insurance beneficiaries may be attributable to the increase in the benefit amounts

which made it possible for some people to retire. The increase in the amount of benefits paid is even more striking than the increase in the number of beneficiaries.

In June 1950, Old Age and Survivors Insurance payments to aged persons of New York State totaled \$6,500,000 in that month while in June 1953, the payments totaled \$24,873,000 for that month. At the current rate of payments, Old Age and Survivors Insurance benefits of the State of New York will probably exceed \$300,000,000 for 1953.

Payments to the retired wage earners increased from \$4,853,000 on June 30, 1950 to \$19,247,000 as of June 30, 1953. The aged wives or husbands of retired wage earners monthly payments increased from \$756,000 in 1950 to \$2,712,000 as of June 30, 1953 and the aged widows or widowers benefits increased from \$856,000 as of June 30, 1950 to \$2,805,000 on June 30, 1953.

The above stated increases in the amounts paid shows an increase in the average monthly payment to the retired worker in the State of New York from \$26.80 in 1950 to an average of \$52.50 in 1953. Of the persons who applied for Old Age benefits in 1952, approximately one-third were just reaching the age of 65. Most of these applicants were being retired for age or were physically disabled and unable to work.

The average age of all applicants in 1952 was sixty-eight and six-tenths years for men and 68 $\frac{2}{10}$ years for women. About 12% of the new beneficiaries were 75 years or more. Eighteen per cent were between the ages of 70 and 74. At present 27.5% of the beneficiaries are 75 years or over.

During the past three years there has been a marked increase in the number of Old Age Assistance recipients who are also receiving Old Age and Survivors Insurance. In 1950 the national average was less than 10% but in 1953 over 16% assistance cases also received insurance payments.

In New York the percentage was even higher and had risen to 22% in 1953. This sizeable increase is due to the greater number of persons who become entitled to insurance benefits under the 1950

amendments and the fact that many of these persons received only a minimum benefit which had to be supplemented in the absence of other resources. The percentage of Old Age and Survivors Insurance beneficiaries receiving supplement from public assistance on the other hand had decreased slightly from 12.6% in 1950 to 10.7% in 1953.

In New York State the percentage is even lower, having decreased to less than 5% in 1953. The variation in New York from the national picture reflects the fact that there are relatively large numbers of persons receiving insurance benefits and a relatively smaller number of persons receiving assistance payments.

In June 1950 there were 61,500,000 in the labor force in the United States, of whom 57% or 35,300,000 were working in covered employment. The 1950 amendments added approximately 10,000,000 persons to this total of whom 8,000,000 were compulsorily covered and the other were in optional groups such as the state and local government and non-profit organizations.

By the beginning of 1952, 75% of the total employment labor force were in covered employment with certain of the optional groups still being added. Although the non-agricultural employment in New York has decreased approximately 100,000 since December 31, 1952, from 6,100,000 to 6,000,000, the unemployment insurance rolls have decreased rather than increased, which indicates that approximately 100,000 persons have left the labor market.

We all know that in a reduction of the labor forces, the first to go are the aged persons and the women. It is well to assume that a large portion of this approximate 100,000 decrease in employment have gone into full retirement due to their age limitations or the women have retired to their homes.

Here in New York 6,000,000 were employed in covered work at some time during the year of 1950. This figure includes part time employees, employees entering and leaving the labor market during the year, etc. At any one time there were approximately 4,500,000 covered jobs.

By 1952, approximately 1,000,000 employees had been added to this total due to the 1950 amendments. Included in these new groups were the non-farm self-employed, certain domestics, farm laborers, employees of non-profit institutions and Federal employees.

Last year the State of New York entered into an agreement which covers certain State and local employees.

Under the present law it is not possible to include employees who are already members of another retirement system. The President has recommended expansion of Social Security coverage to most of the groups not already covered. Congressman Reed of New York, Chairman of the Ways and Means Committee, has introduced a bill in Congress to carry out the President's recommendation. This would extend the coverage to another 10 or 11 million people.

The major group which would be covered by the proposed bill are farm operators, self-employed professional groups, hired farm workers and domestic workers who could meet a \$50 a quarter cash wage test members of the State and local government retirement systems (except policemen and firemen) who could be covered after a favorable vote of two-thirds of the members of the system who participated in a referendum, and clergymen who could be covered on much the same basis as lay members of non-profit corporations under the present law.

A number of the small minor groups would also be covered. This bill would make possible extension of coverage to over 700,000 additional persons in New York State. Among those who could be covered by this legislation would be: 90,000 farm operators and owners, 100,000 farm laborers, 100,000 domestics and 125,000 self-employed and 50,000 miscellaneous.

In addition to that would be State employees, 65,000; local teachers excluding New York City, 69,000; local employees excluding New York City, 50,000; New York City, 125,000; New York City Board of Education, 38,000.

Enactment of this or similar legislation would make basic Old Age and Survivors Insurance benefits available to workers in practically all types of employment and self-employment except civilian and armed forces of the Federal Government covered by federal retirement system. These excepted areas of employees as well as railroad employment are not affected by this bill since they are subject to special studies authorized by Congress.

In June 1953, 66,500,000 people were insured on the basis of their own wages or self-employment income. This was a 45% increase over 1950. In the State of New York approximately 8,250,000 people were thus insured. Of these over 3,000,000 persons have worked at least 10 years and consequently were permanently insured.

Over 500,000 workers who were already 65 were insured and of these about 100,000 were 75 or over. In the comparatively short period of time since

1937, we have seen the growth of a system of Old Age and Survivors Insurance benefits system that is still growing and will not reach maturity for a number of years to come. In 1940 the first monthly benefit was paid; today nearly six million benefits are paid every month.

In 1940, 35,000,000 persons worked in covered employment some time during the year. If the legislation recommended by the President is adopted, 90-95% of the gainfully employed will be protected by this system in their old age.

The estimated growth of benefit payments over the years to come is as impressive as the growth over the past 10 years. Estimates of the number of aged vary considerably from 20,000,000 to 28,000,000 in the year 2000. Using an intermediate estimate over 18,000,000 aged persons would be

receiving Social Security benefits 50 years from now . . . approximately 2,500,000 would be here in New York State and over 1,500,000 of these would be retired workers.

Benefit payments would total over \$13 billion in the entire country and nearly \$2 billion in the State of New York. While factors such as these are difficult for us to comprehend at this time, I am sure that all of us can appreciate the importance of this problem and the necessity for study and planning if this problem is to be met.

The Joint Legislative Committee on Problems of the Aged has set an example for the rest of the country in meeting the challenge posed by these problems. I am sure that by proper planning and action these problems can be faced and met.

Impact of OASI on independence of aged, housing for the aged, migration of the aged, decline of old-type poor farm, emotional security of aged, status within the family, and opportunity to enjoy leisure, utilize leisure, have not been thoroughly comprehended.



New State Aid Formula and Programs for the Aged

By Mr. Peter Kasius

Deputy Commissioner, New York State Social Welfare Department

A RECENT development in the field of public welfare initiated by the State Government will have a far-reaching and long-time effect on the public care of the needy aged of our State.

The 1953 Legislature, on the recommendation of Governor Dewey, made significant changes in the formula for State-aid to the localities for public welfare purposes. Under the new formula, which will go into effect on January 1, 1954, the State Government for the first time in its history will share in the cost of all welfare programs authorized by the State Social Welfare Law and administered by the counties, the cities and the towns.

Thus, under this new system of State aid, the State will, for the first time, participate in the costs of care of, among other groups, the following: Needy persons who are cared for in public homes, and needy persons who are cared for in public home infirmaries.

In order to understand more fully the significance of this development, we might take a moment to review the existing pattern of public welfare in New York State. The nature and scope of welfare programs in behalf of needy persons including the aged, are governed by the provisions of the State Social Welfare Law. Under this law primary responsibility for the administration of these programs rests upon 427 local units of government, including 66 welfare districts—New York City, by the way is one public welfare district. Out of the 66, 18 are cities and 343 towns.

Under the law, however, there are various provisions for meeting the costs of the various programs which the State law authorizes. Some programs are financed entirely out of local funds, some out of a combination of local and State funds and some out of a combination of local, State and Federal funds. The cost of Old Age Assistance, for instance, will be shared by all three units of government—that is Federal, State and local.

At present the Old Age Assistance program provides monthly cash grants for approximately 110,-

000 persons 65 years of age or over. Thus in the State of New York, for the State as a whole, the primary purpose of this program of public assistance is to make it possible for those who are eligible to maintain themselves in their own homes.

Important, however, as this cash assistance program is, there is an increasing need for public care which cannot be met by a system of public cash grants alone. For those whose health is such that they cannot maintain their own homes, other living arrangements coupled with need, nursing and medical services are essential.

The care of aged in public homes and what we are more likely to call today public infirmaries, though authorized by the State Social Welfare law, has been in the past entirely financed out of local funds.

But under the new welfare formula of State-aid to the localities, effective January 1, 1954, the State will for the first time in its history share in the costs of all welfare programs authorized by the Social Welfare Law. The State will do this by turning over to the localities all the moneys received from the Federal Government for public welfare purposes and by sharing with the localities—thus these local units of government, welfare districts, cities and towns and so on, by sharing with them on an equal basis—thus on a 50 50 basis the remaining costs of all welfare programs authorized by the State Social Welfare Law, including expenditures for salaries and other administrative costs.

While on the surface this may appear simply as a shift in methods of financing established programs, certainly so far as the aged are concerned it would facilitate better planning, more effective co-ordination of all efforts in behalf of our aging population.

All financing incentives of favoring one type of program or one category as against another will be removed leaving the welfare of the individual as the sole test of the service to be provided. The time

may come when Old Age and Survivors Insurance, rather than Old Age Assistance, will be the principal protection against want for the aged in our population.

When that day arrives, then the welfare program for the aged as distinguished from the insurance program can be most adequately tailored to fit the needs of our people as each community finds those needs to be. We believe that the step that New York has taken is in this direction of being better prepared to meet present-day realities in the care for people in the aging population.

In other words, it makes for a great deal of flexibility in local planning and the local planning will not be influenced as it has in the past by the availability of State or Federal funds. The significance of the State's new role in these programs becomes even more apparent when we realize that an analysis of the 1950 census returns for the country as a whole shows that the number of aging persons in institutions has increased at a faster rate in recent years than the total population.

The Social Security Bulletins for October 1953 makes this interesting observation: "Between 1940 and 1950 the number of persons 65 and over living in institutions increased at twice the rate of increase among aged persons in the general population. The growth in the proportion of institutionalized aged reflects in part the most rapid increase in the number of persons in the very advanced ages than in the population as a whole.

"The largest relative growth in the aged population took place in homes for the aged and in nursing homes, but the number in hospitals for the mentally ill increased almost as rapidly."

Although detailed data are not available on State trends, it is worth noting that in 1950 in New York State more than 58,000 persons over 65 years were being cared for in institutions, both private and public. This group comprised 4.6 percent of the State's aged population.

At the present time there are 8,000 aged men and women being cared for in such public facilities throughout the State. For the most part the people in these public homes cannot provide for themselves in their own homes primarily because of handicapping health conditions.

The institutional care of the aged, as we all know, is one of the oldest programs in public welfare. It today is by no means over, but instead of the old "poor house" we see emerging the modern public home infirmary, such as the Memorial Hospital & Home on Welfare Island in N. Y. C.

State aid for the care of the needy aged in public institutions should provide incentives throughout the State for the conversion of outmoded public homes into modern rehabilitation infirmary-type institutions with facilities that will insure high standard health and social care under competent supervision and direction.

In such a situation the old person will not need to fear that his days of usefulness are over. Through proper rehabilitation programs, many can be restored to the condition of self-efficiency and made to feel once again, that "to live is a function."

We in the State Department of Social Welfare believe that New York State's new formula of state-aid will make it possible for all communities in the State to develop sound and constructive measures for dealing with this growing problem of public care through institutional facilities.

APPENDIX A

Public Hearing in Rochester

We present herewith a digest of the materials, testimony, and data presented in connection with the public hearing held in behalf of the Joint Legislative Committee on Problems of the Aging by the Council of Social Agencies of Rochester. Similarly valuable hearings were held by Councils of Social Agencies in Poughkeepsie and Watertown. Other Councils were planning similar hearings in their communities.

Invitation

HEAR YE!

HEAR YE!

YOU are invited to give your views on an important subject. At the request of Senator Thomas C. Desmond, Chairman, New York State Joint Legislative Committee on Problems of the Aging, the Council of Social Agencies, through its Section on the Aged is holding a **Public Hearing** on Trends and Needs Affecting the Aging and Aged of Rochester and Monroe County.

The **PURPOSE** is to secure facts which indicate need for:

1. Specific state legislation
2. Specific local regulation
3. Combination of 1 and 2.
4. Action other than legislative

DATE THURSDAY, JANUARY 7, 1954

TIME 1:00 P. M.—5:00 P. M.

PLACE COUNTY COURT HOUSE, BOARD OF SUPERVISORS ROOM

Time will be provided for both formal presentations and comment from the floor. Formal presentations will be limited to 10 minutes and may be made as representative of a group, such as a service organization, a voluntary or official agency, or as an expression of the single individual. The area of interest to be covered is as broad as human need—health, housing, financial security, recreation, etc.

To insure orderly scheduling of formal presentations, it is necessary to know in advance how many there will be. Anyone planning to present data should notify Mrs. Thelma S. Ellis, Secretary, Section on the Aged, Council of Social Agencies, 70 North Water Street, Rochester 4, New York; telephone Hamilton 3160. Formal presentations not scheduled by noon of Wednesday, January 6th can-

not be assured of being heard, though written statements may be filed as part of the record of the Hearing.

EVERYONE is urged to come, particularly older persons since from their experiences they are best informed on what needs to be done. Here is **your** opportunity to tell what **you** think is most important.

Time Schedule—Public Hearing—January 7, 1954—on Trends and Needs Affecting the Aging and Aged

Time	Speakers
1 P.M.	Opening of meeting—Garson Meyer, Chairman
1:05	Welcome from Gordon A. Howe, Chairman, Board of Supervisors Salutations—Mayor Samuel B. Dicker
1:10	Greetings from N. Y. State Joint Legislative Committee on Problems of the Aging—Senator Frank Van Lare
1:15	Edward A. Bott, President, Danforth Center Recreation Club
1:27	Dr. Harold Warnock, Deputy Health Officer, Rochester Health Bureau
1:39	Dr. William Liebertson, representing Mental Health Committee of Health Association of Rochester and Monroe County
1:51	Dr. Rufus Crain, Medical Director, Kodak Office and Camera Works, Eastman Kodak Company and Chairman, Rochester Committee on National Employ the Handicapped Week
2:03	Miss Katherine Van de Carr, General Case Supervisor, Monroe County Department of Social Welfare

- 2:20 Dr. Charles Rogers, representing Monroe County Medical Society
- 2:32 Mr. Willard Smith, representing the Inter-Faith Committee on Recreation for the Aged (speaking for Mrs. Morris Kominz, Chairman of the Committee, who is unable to attend)
- 2:44 Mr. William Mostyn, Executive Secretary Eagles Club of the Fraternal Order of Eagles
Miss Jane Kreckel, representing the Catholic Charities of the Diocese of Rochester, St. Ann's Home, and Catholic Family Center
- 2:56 John Fred Warner—An Older Citizen
- 3:08 Dr. Hugh C. Burr, Federation of Churches
- 3:20 Dr. Guy Walters, Rochester State Hospital
- 3:32 Elizabeth Phillips, Director, Visiting Nurse Association
- 3:44 Eli Rudin, Director, Jewish Home for the Aged, past Chairman of the Committee on Homes for the Aged of Council of Social Agencies
- 3:56 Mrs. Johanna Chambury, Secretary, N. Y. State Nursing Home Association, 9th District Branch
- 4:08 Jerome Jacobson, representing the Section on the Aged of the Council of Social Agencies
- 4:13 John Dale, Rochester Management Corporation
- 4:25 Donald Irish, Chairman, American Legion Legislative Committee, Monroe County
- 4:37 David Crystal (Director, Jewish Social Service Bureau), representing the two family agencies of the Jewish Social Service Bureau and Family Service of Rochester
- 4:45 Lawrence Levine, City Planning Commission.

General Classification of Problems Brought Out at the Public Hearing on January 7, 1954 on Trends and Needs Affecting the Aging and Aged Chronically Ill—Care and Cost

(A Section was created by the Health Division of the Council of Social Agencies to make a thorough study of this whole problem and develop a local plan.)

Concern over the waiting lists indicating over crowding of the County Infirmary plus the fact that general hospital beds should be for acutely ill indicate that beds elsewhere should be provided for chronically ill, perhaps more should be provided at the County Infirmary—Dr. Charles Rogers and Gordon Howe.

American Legion is concerned with the problem of chronic illness and of the aged, and how best to meet and pay for such care—Donald Irish.

Convalescent homes might be extensions of hospitals in a program of graduated care or older persons convalescing—Katherine Vande Carr.

Some practical provision for the cost of catastrophic illness needs to be made. One solution of part of this problem might be the County or State taking out hospital insurance to cover the cost of care for county welfare clients—Dr. Charles Rogers and Mrs. Chambury.

Specifically in regard to nursing homes it is suggested that the County Department of Social Welfare should pay a higher rate for their patients which is more nearly commensurate with the cost of care plus a small additional amount so that private patients will not have to be charged so much more than cost—a demonstration occupational therapy program for nursing homes is needed—a traveling library service for nursing homes is needed also the need for more adequate physical facilities in nursing homes for as simple a thing as insuring privacy of an individual—Mrs. Chambury and Dr. Burr.

Medical Care

Development of a home care plan such as that proposed by the Health Division of the Council of Social Agencies—Dr. Rogers.

The need for development in young and middle age people good health habits especially in regard to nutrition to insure proper self care in old age. The greater use of available health resources also needs to be emphasized as part of good health habits—Miss Elizabeth Phillips.

Housing

More moderately priced housing designed to meet the needs of older persons should be provided. There should be included in such housing special services usually needed by the large and increasing group of 75 year olds and over—Katherine Vande Carr and Section on the Aged.

Motel type of housing development is well suited to the aged and more should be available. Bonds

and securities, sold to build housing under private auspices, should be tax free and also (or as an alternative) property on which such housing for the aged is built should be tax free and also (or as an alternative) property on which such housing for the aged is built should be tax free in order to make possible moderate rentals under private enterprise management—John Dale.

Regulations should be developed to insure the safety of older persons in boarding homes (not to be confused with nursing homes and supervised boarding homes which are already regulated)—Dr. Rogers.

Homes for the Aged

Private homes (institutions) should give precedence in admissions to those persons needing personal service such as with dressing, occasional tray service, preparation of meals, etc.—Katherine Van de Carr.

It should be remembered Homes are an important resource but only one of many required to meet needs of the aged. They should be a combination of nursing homes, rehabilitation agencies, social agencies and custodial residence catering to the feeble, chronically ill, mildly senile who need some care and protection: they should provide a well rounded medical, social, psychological, and recreational program. The concept should be developed and implemented of persons being discharged from a Home back into the community when they become able to do so because of the rehabilitation services provided in the Home. Homes should encourage their use as Day Care Centers for other aged in the community. There should be additional supervision for institutions to insure their best possible use of all available service—Eli Rudin and David Crystal.

There is no infirmary care for men at St. Anne's Home and this constitutes a major need—Jane Kreckel.

Is there a possibility of state aid for expansion of facilities of private homes for the aged?—Eli Rudin.

Financial Security

Rising cost of living, increased medical cost and less work opportunities present a problem of financial security in old age—William Mostyn.

Old Age and Survivors Insurance Benefits need to be raised to cover basic needs so that old age assistance does not have to supplement these benefits—Katherine Van de Carr.

There is a need to improve and coordinate OASI and OAA. One suggestion is that older persons be allowed to earn up to \$75 a month without impairing their eligibility for OAA (AB allows blind persons to earn up to \$50 a month without losing eligibility of AB)—Katherine Van de Carr and John Fred Warner.

OAA budgets should be revised upward to be in line with the U.S. Government Department of Labor cost of living index—John Fred Warner.

The Governor should keep his pre-campaign pledge of eliminating "the pauper's oath" as a prerequisite for old age assistance—John Fred Warner.

Employment

Ways should be found to increase the opportunities for employment for older workers (for detailed description of local employment picture see attached material submitted by the New York State Employment Service).

There should be opportunity for vocational retraining of the older worker through an expanded rehabilitation center—Katherine Van de Carr.

The employer should be educated to the value of the older worker—Donald Irish.

There should be a study of the insurance risk versus the value of employing older workers—David Crystal.

The principle of selective placement through job analysis and matching of person to job requirements should be applied to the employment of older persons, both those currently employed and those seeking new employment—Dr. Rufus Crain.

Special Education and Recreation Services

There should be a New York State Senior Citizen's Recreation Commission to enable communities to provide diversified recreation for Senior Citizens—Edward Bott.

There should be a strengthening of recreational programs locally through adult education classes, the Art Gallery, the museum, and library activities—Katherine Van de Carr.

Activities programs under religious auspices should be stimulated and promoted—Dr. Harold Warnock.

The 1952 experience of using the Rotary Sunshine Camp for senior citizens indicates the value of trying to develop such a program on a permanent bases—Willard Smith for Mrs. Irving Walker.

Camping sites should be provided in state parks to be used primarily by senior citizens as groups

rather than just for individual families as is now the case—Edward Bott.

The age for eligibility for a free fishing license in New York State should be reduced from 70 to 65 to be commensurate with the compulsory retirement age, and eligibility for OASI and OAA—John Fred Warner.

New Kind of Institution

A new type of institution is needed for the mental and social rehabilitation of older persons whose mental health for a variety of reasons has broken down or is in danger of such break down. This might be an intermediary type of facility for the mildly senile person—Katherine Van de Carr, Dr. William Liebertson and Jerome Jacobson for the Section on the Aged.

Relating to the County Department of Social Welfare

There should be lower case Loads, i.e., more workers available for OAA because work with older persons is necessarily more time consuming—Katherine Van de Carr.

Degrees in social sciences and public welfare administration should be required qualifications for the position of Commissioner of Public Welfare—John Fred Warner.

The length of time of allowable absences from New York State should be extended during which a person could continue to receive old age assistance from New York State, because such absences in winter weather actually are a matter of health in many instances—John Fred Warner.

Provision should be made for suspension of disposing of property because of delinquent taxes, of an OAA client or his legally responsible relatives during the life time of such a person to insure his having life use (this relates to property deeded to the county)—John Fred Warner.

Relating to Private Agencies

Private family and group work agencies are invited to send staff members to the County Department of Social Welfare for an intensive work period to observe, learn and comment on how private agencies can supplement the work of the County Department of Social Welfare—Katherine Van de Carr.

Family Relations Agencies (private family agencies) need to work more closely with specialized agencies for the aged (private homes)—David Crystal.

There is need for a family boarding care plan to be integrated with institutional care programs so that there can be constant inter-change of such services as need dictates—David Crystal.

The Catholic Family Center should have a full time social worker to handle all problems relating to counseling and work with the aged instead of the present part time arrangement—Jane Kreckel.

Interpretation and Education

Community effort should be directed to helping all who come in contact with older persons to understand them and thereby be able to care for them better. This could be done by holding institutes, public forums, and through holding special classes in schools, colleges, and medical and other allied professional schools—Katherine Van de Carr and Miss Elizabeth Phillips.

There is a need of public interpretation of existing local resources so that older persons and their relatives may be better informed on how to use them, a centrally located information center for the aged would be one way of accomplishing this—Katherine Van de Carr.

Financing of Services

Additional sources of financial support for the various necessary services of rehabilitation (including social, physical and emotional rehabilitation) education and recreation are needed—Eli Rudin.

Serious consideration needs to be given to the practical problem of whose responsibility is the financial cost of these various services, federal, state, local, public or private?—Jerome Jacobson for the Section on the Aged.

Special Problem

What can be done to protect the older individual against himself and from others?—this idea was variously expressed by Dr. Harold Warnock, Miss Elizabeth Phillips, and Jerome Jacobson for the Section on the Aged.

Action Taken

The following action has been taken locally as a result of the hearing: (the headings relate to the general classification of problems listed above)

Chronically Ill—Care and Cost

A Section was created by the Health Division to study the whole problem of the chronically ill and what should be done about it locally. The Section on the Aged is to be represented on this.

Medical Care

The whole subject is to be referred to the Health Division for study and follow-up, particularly since the Community Chest Comprehensive Health Survey is under way by Dr. Ira Hiscock on all health services in Rochester and Monroe County.

Housing

A sub-committee of the Section on the Aged is to be created to study this problem and make recommendations for local action.

Homes for the Aged

A sub-committee is to be created which will combine representatives of homes for the aged and family agencies.

Financial Security

For the time being, the Section, as a whole, will keep in touch with developments in this field but take no specific action unless circumstances indicate the need for so doing.

Employment

The Section will endeavor to interest the Advertising Council to undertake a project of interpreting through publicity the value of the older worker in industry.

Special Education and Recreation Services

A sub-committee on adult education is to be created to promote greater use of adult education resources to enrich the lives of the aging and aged persons.

New Kind of Institution

Consideration of this problem, it was felt, should be included in the study of the Section on Chronically Ill of the Health Division.

Relating to the County Department of Social Welfare

For the time being, at least, it was felt that these items were out of the purview of the Section.

Relating to Private Agencies

It was decided, as a start, the Section as a whole should devote some time to discussing a practical means of accomplishing the points enumerated except the need for a full time Social Worker at the

Catholic Family Center which is a problem for that agency's own administration of its program.

Interpretation and Education

The Section, as a whole, will discuss and plan in respect to this item.

Financing of Services

This is a \$64 question to which the Section as well as other interested groups will need to address itself at some future time.

Oldsters Against Themselves

The public hearing heard much valuable testimony. We select as typical of the thought-provoking testimony, that presented by Mrs. Elizabeth C. Phillips, Executive Director, Visiting Nurse Association of Rochester Inc., who said:

"During the past year the Visiting Nurse Association has given care to over 4,000 patients who were sixty-five years of age or older. Of these, nearly 500 were over eighty-five years. Most of these older citizens were ill and needed part-time nursing care in their own homes. The very nature of the work of this organization takes nurses into homes at a time when a crisis exists. Admittedly, we work with families and individuals when they are upset and when the need for outside help is imperative. Perhaps that is why we see some of the problems which confront older people from a different angle or in a different light than do other community workers who are associated with them in somewhat less crucial hours.

"There are several groups of problems that come to our attention over and over again. Most of them indicate a need for a greater protection of the older person from himself as well as others.

"One problem stems out of the fact that older people wish to be independent and often are very reluctant to make use of community facilities even when they are available on a free basis. I would like to cite as an example a family of two sisters and a brother whose ages are eighty-five, eighty and seventy-three respectively. We have known them since 1944 and have been visiting them weekly for the past three years. These visits have been on a free basis. During all of this time our staff nurses have been working to be allowed to visit more frequently than once a week, but

without avail. There is no question but that the eldest patient, who is bedridden and unconscious most of the time, needs more care than the eighty-year-old can give her, yet her sister tells the nurse 'I can't be bothered with more frequent visits' or else she says over and over 'I can do it myself', 'I know how', 'I don't need help.' Recently, after three years, she has agreed to let us come in twice a week but 'no oftener.' Early this fall the brother developed a severe ulcer on his leg. It took the nurse one month to persuade him to have a physician come to see him, even though no expense is involved because he is on old-age assistance. Friendly persuasion is the only method we can use in such situations in our attempts to improve them. This is a very costly technique and often is not successful soon enough to prevent serious consequences.

"Another problem is due to the fact that older people often refuse to spend their money to care for themselves even when they have plenty. Sometimes they are motivated in this hoarding because of fear that it will all be spent before they die, or else because they want to leave it to a relative, who often as not does not need it. An example of this is a man who has a bad cardiac condition and an inoperable cancer. He owns a large farm as well as a house which has been converted into a number of high-rental apartments. He sleeps in one small room—a sort of box room—which is more than crowded with his possessions, and he spends his days in a dark, damp, cold, very dirty, almost airless cellar which is lit by one tiny bulb and has only an ancient gas range to provide both heat for the room and facilities for cooking. So far, our efforts to persuade him to move into one of his own apartments have been unavailing and he refuses to consult a family case work agency in the matter. He does pay for an occasional visit by the physician and for our visits, for he has learned through the trial-and-error method that unless he receives his intramuscular injection of medication regularly three times a week, he will quickly be a helpless bed patient. Paying for medical and nursing care is the lesser of two evils, but paying for comfortable living is downright "silly" he says.

"I am sorry to tell you that another group of serious problems involves cruelty or neglect upon the part of adult children of the aged

person. Such stories are hard to believe but they are true nevertheless. We cared for a little ninety-one-year-old lady during last summer's intense heat. She was bedfast with arthritis. Every time we went in she appeared to be dehydrated and welcomed eagerly the quantities of drinking water the nurses offered. We couldn't understand this tremendous thirst until one day the adult daughter protested vehemently to the nurse 'For goodness sakes, don't give her water—she will only wet the bed. I never give her any liquid.'

"We have run into situations, too, where children refuse to provide the food for a special diet or the medication which has been prescribed by a physician even when there was no grave financial reason for this omission. I know of one instance where children urged their diabetic mother to eat sweet foods and repeatedly brought her cake, pie and candy, putting them on her bedside table, even after both nurse and physician had explained over and over why she should not have them. It seemed to us as if they actually wanted to make her condition worse than it was.

"Another set of problems have to do with the family's lack of understanding of the basic characteristics of aging people, of the longing for security that the aged depend upon and of their great desire to be self-directing. This is a much easier problem to handle but teaching individuals is expensive for the community because it consumes so much of the time of our very best prepared nurses, and the number who can be helped by them is only a tiny part of those who need such help.

"There is still another problem that is especially important to a nursing service. It is that of getting a physician into the home often enough so that he can give the nurses direction in their work. Three common reasons for this situation are: 1. The patient is medically indigent, i.e., he cannot afford to pay, but he is not willing to accept help from the County Welfare or other 'charity' source. 2. He has money but will not spend it. 3. He is afraid that the physician will send him to the hospital.

"Then there is the ever-present problem of poor nutrition. The reasons for this are many: Not enough money. Won't spend money for food. Can't shop. Cannot or will not go to the bother or effort of cooking meals.

Poor teeth. Poor appetite. No one to keep him company during meals.

"And lastly, there are the problems that result from deathbed promises: 'Not to sell the house', 'Never let Mother go to an institution', 'Never accept charity, no matter what.'

"We at the Visiting Nurse Association do not know what should be done about these serious problems and many other situations that are too numerous to point out here. We know that they exist and we know that they exist in significant numbers. They are important to our community and to us as individuals (for sooner or later we, too, are very apt to be involved with them personally). The community at the local, county, state and national level should be aware of them and somehow, somewhere, solutions should be found to them in the near future."

Data prepared for the Hearing by the New York State Employment Service, Rochester, N. Y.

I. Recent Trends of Unemployment Among Older Workers in Rochester, N. Y.

Analysis of the experience of the New York State Employment Service with older workers during the last three years (1950-1953) shows that this group has made up the "hard core" of local unemployment. Throughout this period the unemployment of older workers has been proportionately much larger than the unemployment of younger age groups. However, there has been a steady improvement since 1950. Undoubtedly rising employment and a tightening labor market have brought about this improvement.

The following data is provided to support the above statements:

According to the 1950 census, out of 136,000 employed males in Monroe County, 57,000 (42%) were 45 years of age and over, and 18,000 (13%) were 60 years of age and over.

The proportion of male unemployment insurance benefit claimants, who were 45 years of age and over, and those who were 60 years of age and over, has steadily declined since 1950.

	Percent of Male Unemployment Insurance Benefit Claimants	
	45 years of age and over	60 years of age and over
December 1953.....	54%	31%
November 1952.....	68%	52%
November 1951.....	72%	40%
November 1950.....	82%	64%

II. Characteristics of Older Workers Registered for Work with the Rochester Office of the New York State Employment Service

A special study of the active applicant file which was made in January 1954 (copy attached) showed that a large percentage of the male applicants 45 years of age and over were skilled workers. The majority of female applicants in the upper age brackets were unskilled and semi-skilled.

The unemployed males, 60 years of age and over were three times as numerous as the females in this age category. In Rochester manufacturing industries, men outnumber women by about 2 to 1 and the average male employee works to an older age than the female worker. As a result, more older male applicants are registered for employment at the Rochester New York State Employment Service Office than older women. Many of these men have been retired from their last jobs and are eligible for unemployment insurance

Generally, male applicants of advanced age experience greater difficulty in obtaining suitable employment than do the older women. A considerable number of these men have been performing jobs of a relatively strenuous manual nature where the physical limitations of age make it inadvisable for them to continue at this kind of work. Also, a large percentage of these older men must obtain paid employment if they are to be self-supporting and frequently have other members of the family to maintain. For a period after termination of their most recent jobs, they can get along on a combination of unemployment insurance, old age benefits and other savings. However, when their unemployment insurance benefits become exhausted, many of them must have some paid employment (full-time or part-time) if they are to make ends meet.

Although there seems to be a larger number of suitable jobs in the community for older women such as are found in domestic service and in the service trades, their employment problems are also very serious.

Highlights of Age and Occupational Study

Males:

45% (1059) were 45 years of age and over
25% (582) were 60 years of age and over

Females:

41% (545) were 45 years of age and over
13% (177) were 60 years of age and over

Of the 582 Males 60 years of age and over, about 28% (162) were classified as skilled manual workers, such as machinists, tool makers, engine lathe operators, welders, etc. 20% (117) were registered as unskilled manual workers—factory laborers, construction workers, etc. 19% (113) were service trades workers, watchmen, kitchen workers, cooks, hospital attendants, etc.

The percent occupational distribution of the men 45 years of age and over was very nearly the same as for the 60 years and over group.

An examination of the occupational classifications of older unemployed females shows a somewhat different distribution. Of the 177 females 60 years of age and over, about 41% (72) were unskilled manual workers, mostly factory laborers; which percentage did not vary much from the approximately 42% (232) female applicants 45 years of age and over. However, the second largest number of female applicants 60 years of age and over were classified for commercial and sales jobs, 19% (34); but among the women 45 years of age and over the second largest group numbered 116 (21%) registered for semiskilled manual jobs, mostly factory work, assemblers, inspectors, machine operators, etc.

III. Results of Recent Campaign by the Rochester Office of the New York State Employment Service to Place Older Workers in Jobs (summary attached)

During Senior Citizens' Month, May 1953, special efforts were made by this office to place older workers. This successful campaign showed that counseling is a very necessary part of the interview conducted by the New York State Employment Service interviewer with the older applicant. In most cases the applicant is no longer able to work in his usual occupation, particularly if it has been a manual job. This means that the interviewer must search for related skills and abilities in line with potential local employment opportunities. Frequently, the applicant desires part-time employment only, perhaps because a full-time job is too strenuous or so as to remain eligible for old age benefits.

Because employers seldom voluntarily place suitable orders for older workers with the N.Y.S.E.S., interviewers must spend many hours soliciting such jobs by telephone, visits to employers' establishments, group meetings, mail and other methods of publicizing the employment needs and abilities of older persons.

This experiment in May 1953 showed that when more time was provided by skilled and experienced N.Y.S.E.S. staff to work with older applicants and potential employers, a much larger number of these applicants were placed in suitable jobs.

No matter how favorable the labor market, a certain number of unemployed older workers need some kind of counseling or special placement assistance, before they can become re-employed. A large demand for workers does not in itself solve the unemployment problems of older workers. Nevertheless high employment does retain many older workers in their present jobs, which if they are doing satisfactorily is acceptable to most employers. However, once the older worker is laid off the employer usually prefers to hire a younger worker, so as a result, job opportunities for the older workers become fewer and finding new employment is a real problem.

The Rochester Office of the N. Y. State Employment Service is besieged everyday with requests for special service from older workers who need it. As yet, we are not prepared to meet this challenge to the extent in which it must be met because such service is extremely expensive. Therefore, we feel that our most pressing next step is provision of counseling and special placement service to these older workers, large numbers of whom can continue to be productive workers rather than non-contributing members of our society.

It is important that communities should show their interest and concern, first in seeing that the necessary counseling and special placement service is provided and second in helping this service to function effectively by doing a continuous community education job on this problem. Furthermore, community understanding of the problem is extremely important because insofar as employers and labor unions indicate reluctance to employ or re-employ older workers they are reflecting general community patterns and attitudes.

Table I

Senior Citizens Placed in Jobs in Month of May 1953, Senior Citizens Month,
by
The New York State Employment Service, 155 W. Main St., Rochester, N. Y.
A Sampling of Some Older Applicants Who Cleared Through N.Y.S.E.S. in May 1953

23 MALES

Age	Name	Occupation		Type of Placement			Comments
		Regular	Recent Pay	Industry	Occupation	Remuneration	
78	A.M.	Leather Cutter	\$65 wk. '51 retired	Wholesale Metals	Labeler	75¢ hr.—40 hr. wk. \$30 wk.	Leather worker — lifetime. One job 15 yrs. supervising 110 girls 74 men.
77	G.B.	Inspector — mech. & elec.	\$72 wk. '49 retired	Retail Book Store	Messenger & Stock Clerk	\$30 wk. P.T. approx. 28 hrs.	Inspector — mech. & elec. lifetime. Desired part-time work.
77	C.B.	Stableman — race horses	\$40 wk. & room & board '49	Restaurant	Dishwasher	75¢ hr.—48 hr. wk. \$36 wk. & 2 meals daily	20 yrs. care of race horses. Last 6 yrs.—porter dishwasher.
74	F.B.	Machinist — repair	\$2.40 hr. '51 retired	Printing	Machinist repair	\$1.50 hr. P.T.	Machinist — last 17 yrs. at least. Prefers part-time work.
73	R.M.	Millwright, foreman	\$100 wk. '47 retired	Factory — photo. goods	Mail carrier	\$1.48 hr. P.T.	Came to N.Y.S.E.S. thru Sr. Citizens month publicity.
71	J.L.	Inspector — mach. parts	\$1.87 hr. '52 retired	Pub. Carrier passenger	Checker	\$1.20 hr.—44 hrs. \$52.80 wk.	40 yrs. traveling salesman women underwear — made big money.
70	S.B.	Shipping & Receiving Clerk	\$50 wk. 40 hrs. Laid off '49	Dept. Store	Shipping & Rec. Clerk	\$1.00 hr.—44 hrs. \$44 wk.	26 yrs. Ship. & Rec. Clerk 5 yrs. Warehouse supt. 1 yr. '52-'53 Factory laborer
67	B.T.	Painter—factory maintenance	\$1.40 hr. '50 retired at 65	Const. Engn.	Constr. Inspector	\$75. wk.	Lifetime exp. inside painting mason wood-working machines tool crib attendant.
66	M.G.	Carpenter — maintenance	\$1.63 hr. '53 retired	Woodcraft Shop	Carpenter & Woodworker	\$1.25-\$2.00 hr.	Worked 2 days then quit — too choosy drawing U.I. Ins. Factory main.—7 yrs. '46-'53
65	L.F.	Toolmaker (foremen)	\$2.10 hr. '53 firm moved out-of-town	Tool & Die Shop	Toolmaker	\$2.25-2.50 hr. P.T. few wks. until 65 then F.T.	Lifetime as toolmaker and foreman. 30 yrs. with 1 firm — retired '52 co. policy.
64	R.K.	Sales Promotion Manager	\$1.00 hr. '51 Rec. & Ship. Clerk	Employers' Association	Multilith Operator	\$45-\$50 week.	Variety of jobs in lifetime. Best jobs & most experience ending in '44 — Promoter — \$5500 yr. max.
63	M.V.	Foundry Laborer	\$1.05 hr. '51 Laid off	Hotel	Porter	\$40 wk.	27 yrs. exp. foundry work ending '48. On relief rolls recent years. Poor vision.
63	L.P.	Hotel Room Clerk (nights)	\$7.00 a day	Hotel	Desk Clerk — nights	\$1.00 hr. & 2 meals — 8 hrs. a night — 6 nights — \$48 & r & b wk.	College grad. (Canada) 10 yrs. exp. hotel clerk. Other exp.—sales office clerk.
63	R.G.	Bookkeeper	\$50 wk. '52 Laid off — job done	Factory	Timekeeper	\$45 wk.	Lifetime bookkeeping & office work. 20 yrs., ending in '50 with one firm ended — office closed.
63	J.P.	File Clerk — tech. drawings	\$1.50 hr. '53 on job 15 yrs.	Factory	Order Detailer	\$1.60 hr. 40 hrs. \$64 wk.	Other work experience — 10 yrs. Production Supervisor — 1 mfr.
63	B.B.	Receiving Clerk — ret. shoe store	\$30 wk. '52 Left due to injury.	Dept. Store	Receiving Clerk	\$40 wk.	40 yrs. work experience as a shipping & receiving clerk — 9 yrs. on last job — \$30 wk.
63	J.A.	Lens Polisher and Blocker	\$1.38 hr. '49 on job 7 yrs.	Florist — wholesale	Truck Driver	\$1.10 hr.—40 hrs. Hired on trial	12 yrs. ending '42 — Elevator Opr. dept. store. Odd jobs mach. operating in factories '49-'51.
62	W.D.	Construction Inspector	Varied — by the job.	Engineers — contract constr.	Constr. Inspector	\$91.50 — 54 hrs. \$60.00 — 40 hrs.	30 yrs. self-employed — builder & real estate sales. World War II expeditor in factories.
61	A.S.	1. Cabinet Maker 2. Lens Grinder	\$1.10 hr. '47 Lens Grinder	Optical Goods Mfr.	Lens Grinder	\$1.25 hr.	'47-'52 Cabinet Maker — self emp. Previously — lens grinder.
59	C.M.	Janitor	\$35 wk. '51	Food Processing	Watchman	\$1.35 hr.	Poor employ. record — many jobs of short duration — janitor, porter, watchman, bartender etc.
58	S.K.	Janitor	Jobs of short dur. & variety of pay	Hospital	Porter (nights)	\$1.10 hr.	Variety of experience in unskilled manual work — odd jobs.
58	F.P.	Elevator Installer	\$2-\$3 hr. Laid off '51	Aeronautical Eng. Company	Assembler & Reassembler (bench)	\$1.50 hr. 40 hrs. wk. — \$60 wk.	Wk. exp.—7 yrs. installer elevators factory lab.—3 yrs. mail clerk (hos.) — 4 yrs. etc.
56	W.D.	Laborer — construction	\$1.85 hr. '51	Ret. Store	Janitor	\$1.10 hr. 5 day wk. \$44 for 40 hrs.	Employer released. Applicant going to have hernia operation.

14 FEMALES

Age	Name	Occupation		Type of Placement			Comments
		Regular	Recent Pay	Industry	Occupation	Remuneration	
69	A.L.	House Mother	\$100 mo. & maintenance '48	Private Home	Housekeeper	\$75 month and room and board	(Widow) Left House Mother job to go out of town. Worked on one Housekeeper job 1½ yrs. ending '52.
68	A.D.	Sewing Machine Operator	\$1.35 hr. '53 Temp. lay off?	Tailor Shop	Sewing Mach. Operator	\$1.25-\$1.50 hr.	(Single) Only work experience sewing mach. oper. 7½ yrs. on one job ending '51 — laid off.
66	M.B.	Housewife	Provided home for 2 foster children (paid)	Private Home	Sitter — P.T. (9 a.m. 3 p.m.)	\$20 wk.	(Widow) '48. No former employment outside of home. Has 28 acre farm.
65	E.K.	Vamper & Fancy Stitcher — shoe mfg.	\$1.22 hr. '53 and p.w.	Factory — mfr. women's shoes	Vamper	\$1.25 hr. & piece work. Should avg. \$1.50	(Married) Entire work experience at least 34 yrs., vamper and fancy stitcher — women's shoe mfg.
65	A.B.	Varied. Packer foods. Arm Hole Tacker—clothing Solderer	\$1.11 hr. '52 Packer	Hospital	Seamstress	\$1.00 hr. straight line pay	(Married) 1949-52 Packer foods. 1938-48 Clothing Worker. 1941-45 and 1910-13 Solderer.
65	C.F.	Sewing Machine Operator	\$1.00 hr. '52 & piece work	Tailor and Furrier	Sewing Mach. Operator	\$1.25 hr. Worked 11 days, temporary lay off.	(Married) Years of experience sewing mach. opr. One summer canery worker — too much standing.
64	I R.	Housekeeper	\$35 wk. '53 & maintenance	Private Home	Housekeeper	\$30 wk. and maintenance	(Widow) Work history all housekeeping and nursing. All jobs of short duration.
60	E.F.	Public Relations Woman	\$40 wk. '53 & com. & car & 3¢ mile.	Dairy Prod. retail	Sales Promoter	To be arranged.	(Married) 18 yrs. business exp. 10 yrs. ('46-'53) Sales Promoter 6 yrs. ('40-'46) Employment Int. 10 yrs. ('35-'45) Real Est. Broker.
59	G.L.	Telephone Solicitor	\$40 wk. '53 + 1% com.	Advertising Agency	Telephone Solicitor	\$1.00 hr. + bonus 40 hr. week.	(Widow) 11 yrs. experience mostly short time job telephone solicitor. Some investigation & gen'l off. clerical.
58	M.C.	Clerk Gen'l. Office	\$35 wk. '52	Metal Finishing	Clerk Gen'l Off.	\$40 wk.	(Widow) Trained as Grade School Teacher — little teaching exp. Other exp.—ret. sales clerk factory lab.
57	N.A.	Housekeeper	\$35 wk. '53 & maintenance	Private Home	Housekeeper	\$25 wk. & maintenance. Lasted 3 wks.	(Separated) Entire work experience as Housekeeper Has had many employers.
57	I.M.	Fitter and Alteration Hand	\$50 wk. '53	Bridal Shop	Alteration Hand	Salary to be arranged.	(Married) For 30 yrs. ('23-'53) operated own business — dry cleaning & tailoring; sold out.
56	M.C.	Bookkeeper	\$35 wk. '52	Wholesaler — bldg. equip.	Bookkeeper	\$45 week.	(Married) Began working in '42 — all exp. bookkeeper & office clerk.
55	M.W.	1. Cook (Rest) 2. Factory Lab.	\$30 wk. '53 Candy packer	Laundry	Folder	85¢ hr.	(Married) 12 yrs. work exp. began '41. Cook 5 yrs. Fact. lab. 7 yrs.

Table II
Active Applicant File Inventory (Total Office)—January 4, 1954
New York State Employment Service—Rochester, New York—Local Office 51
 * Major Occupational Groups

Age Group	0	1	2	3	4-5	6-7	8-9	Part IV	Totals	Percentages
Under 20 years.....	3	8	3	0	1	15	15	142	187	5.1%
20-24 years.....	5	36	39	1	11	67	94	137	390	10.6
25-34.....	35	57	75	3	75	204	277	57	783	21.3
35-44.....	30	44	58	10	84	183	271	26	706	19.2
45-49.....	7	20	33	2	40	84	99	9	294	8.0
50-54.....	16	31	56	2	55	54	71	4	289	7.9
55-59.....	10	19	48	2	45	46	85	7	262	7.1
60-64.....	13	21	42	4	47	37	72	6	242	6.6
65 and over.....	17	45	94	15	123	85	117	21	517	14.2
TOTALS.....	136	281	448	39	481	775	1101	409	3670	100. %
PERCENTAGES.....	3.7%	7.7%	12.2%	1.1%	13.1%	21.1%	30.0%	11.1%		100. %
45 years and over	63	136	273	25	310	306	444	47	1604	43.7%
TOTAL.....	3.3%	8.5%	17.0%	1.6%	19.4%	19.1%	27.7%	3.0%		
PERCENT.....										
60 years and over	30	66	136	19	170	122	189	27	759	20.7%
TOTAL.....	4.0%	8.7%	17.9%	2.5%	22.4%	16.1%	24.9%	3.5%		
PERCENT.....										

* Major Occupational Groups and Divisions

0 — Professional, Semi-Professional and Managerial
 1 — Clerical and Sales
 2 — Service Trades
 3 — Agricultural

4-5 — Skilled
 6-7 — Semi-skilled
 8-9 — Unskilled
 Part IV — Entry Occupations

APPENDIX B

PUBLIC HEARING ON PROBLEMS OF THE AGING IN WATERTOWN, N. Y.

By Mrs. Mabel L. Frink

Chairman, Committee on Aging, Watertown Council of Social Agencies

A PUBLIC hearing on "Trends Affecting, and Needs of, the Aging in Watertown, N. Y.," was held in the Y.M.C.A. Lecture Room in Watertown, N. Y., on January 7, 1954 at 8 P.M., in accordance with a request by Senator Thomas C. Desmond, Chairman of the New York State Joint Legislative Committee on Problems of the Aging. The hearing was sponsored by the Watertown Council of Social Agencies with their Committee on the Aging arranging for the speakers. The hearing was held as a panel discussion, with the following members on the panel:

Dr. Bennie Mecklin, representative of the Jefferson County Medical Society

Francis H. Robarge, Employment Security Manager, Watertown, N. Y.

Williams G. Beilby, Director of Industrial Relations, New York Air Brake Co.; and Chamber of Commerce representative

Charles E. Reynolds, Social Security Administration field office manager, Watertown, N. Y.

Rev. Richard P. McClintock, rector, Trinity Episcopal Church, Watertown, and president, The Watertown Ministerium

Mrs. Margaret W. Daly, Chief Case Supervisor, Public Assistance, Jefferson County Welfare Department

Miss Ella May Holbrook, president, Watertown Senior Citizens' Club

Mrs. Archie R. Craig, vice-president, Watertown Senior Citizens' Club

Harry J. Wilson, Director of Adult Education, N. Y. S., Watertown City Schools

Orrel A. York, Commissioner of Welfare, Jefferson County, who acted as the Moderator for the panel.

Each speaker was limited to a 10-minute presentation on his subject, and at the close of these talks, the meeting was opened for general discussion and questions from the audience. Station WWNY made a transcription of the nine speakers' remarks which it is hoped may be broadcast later as well as used at future meetings of the Council's

Committee on the Aging in working out solutions of the problems raised.

Dr. Mecklin, who as the Medical Society representative spoke also for Dr. Leo J. Palmer, psychiatrist with the Jefferson County Mental Health Clinic, brought out forcibly the fact that our population contains an ever-increasing number of persons over 65; that we must realize this and plan for it; that the locality of Watertown has a higher percentage of aging than most comparable cities of its size, according to census figures of 1950; that people of Watertown, instead of feeling the aged are self-sufficient, must be aroused to the problems of aging and do something about them. "We must put teeth in our Senior Citizens' Association", said Dr. Mecklin. The health of old people, and people not so old, he went on, is directly tied in with their mental and emotional attitudes—if they are needed, and useful, if they find in a Golden Age group the opportunity to do things and gain respect as an individual, they haven't time to notice their arthritis or their symptoms of heart trouble, or what not. The Golden Age Club becomes a security of old age; it helps the old person not to be a burden on himself or on his children's time. "Old people are useful," said Dr. Mecklin.

Mr. Beilby stated that when he was asked to speak on the panel, he at first felt it wouldn't be much of a job, with his long experience in the Air Brake Company (Watertown's largest industry). However, when he began to read up a little on the subject, he discovered what a large amount of research there has been on these problems. He spoke of the work done at the University of Minnesota. "Neither management nor unions" are able to find the solutions, he said. "We are concerned with the problems of the older workers in our plant, but we have not found the answers," said Mr. Beilby. "This problem will get greater before it gets lesser." He spoke of the increasing life span—in 1900 it was from 37 to 42 years; now, one in eight is over 65 and the life expectancy has increased to more than 70. Mr. Beilby stated that industry, however, has a job to do, more and more

is demanded of the worker, and if he cannot help slowing down, industry has no recourse except to replace him with a worker who can produce the required amount.

Mr. Robarge said that employment of the 60-plus in Watertown depended on the employment, or lack of it, of the 40-plus. He mentioned the difficulty of placing older people because of health problems—few easy jobs available, he said.

Mr. Wilson, Adult Education Director, spoke of the craft class his department is conducting at the Senior Center in Watertown, in the Electric Building on Public Square. All of his other classes are held at the Senior High School in the evening, which is two miles from the Square and not easily accessible to the older members of the club. This is the second term of classes at the Center and they are becoming increasingly popular, perhaps because the teacher, Mrs. Philip Burke, is the "missionary friendly type of individual" who has infinite patience. During the question period following the speakers, Mr. Wilson was asked how many "senior citizens" attended his classes. He could not give the exact number, but said "Not enough." There is great opportunity here, he stated, for

developing our program in this area, and went on to list six steps by which this may be accomplished.

The Committee on the Aging, who undertook this hearing in this conservative area of New York State in trepidation, was greatly encouraged at the large audience who turned out on one of the coldest nights of the winter. Even slippery roads did not keep a delegation from St. Lawrence county from driving the 70 miles to Watertown. Our only regret was that due to the lateness of the hour, few questions were asked at the close of the panel speakers' remarks. Perhaps we can follow through on this hearing later. Questions which were asked pertained to (most urgently of all) "How can I get a job when I'm past 60?" "I think my health would improve if I had some interest in life again—retirement isn't for me!" "I want to feel **needed** again."

Our Committee and Council is grateful to the Joint Legislative Committee for asking us to hold the hearing, since it brought our work before the public as it would not have otherwise been possible. Our Senior Citizens Association is not serving the whole population of the city, mainly because they did not know all the problems we were working on.

INDEX

- Abrams, Albert J., inside front cover, 42, 59-61, article by, 99-107
- Absenteeism, employment, 92, 93
- Accidents, 29, 124
- Adult Education, 5, 10-13, 19; in New York City, 128-130
- Adult Education, Bureau of, New York State, 6, 10, 19
- Adult Hygiene and Geriatrics, proposed bureau for, 7, 27
- Advertising, 28
- Advisory Committee, Interdepartmental, 37
- Advisory Committee on Employment Problems of the Aging, Joint Legislative Committee on Problems of the Aging, inside front cover.
- Advisory Committee on Longevity, Joint Legislative Committee on Problems of the Aging, inside front cover
- Advisory Committee on Recreation, Joint Legislative Committee on Problems of the Aging, inside front cover
- Albany Medical College, cardiovascular health center, 26
- Allen, Dr. Edward B., article by, 43-46
- American Medical Association, inside front cover
- American Psychological Association, 94
- American Public Health Association, Committee on Hygiene of Housing, 124
- Apartments, 29-31
- Arteriosclerosis, control of, 114
- Arthritis, prevalence of, 26; knowledge concerning, 112
- Association, age, 9
- Attitudes, toward aging, 1, 59-61
- Aureomycin, discovery of, 108
- Austin, Assemblyman Bernard, inside front cover, 42
- Austin, Miss Suzanne, 38
- Authier, Miss V. Charlotte, article by, 135-138
- Automatism, 20
- Avery, Sewell, 43
- Bannigan, Assemblyman Eugene F., inside front cover
- Barkin, Solomon, inside front cover, 104
- Barron, Dr. Milton L., article by, 56-58
- Baruch, Bernard, 51
- Beilby, William G., 154
- Bemus Point, New York, Senior Citizens Club in, 13
- Benefit payments, health insurance, 117
- Berkowitz, Harry, illustration, 49
- Beth Israel Hospital, geriatric clinic, 27
- Bigelow, Commissioner Newton, inside back cover
- Blood Vessels, degeneration of, 114
- Blue Cross, 28
- Blue Print, Plan for aging, 5-7
- Bluestone, Dr. E. M., 66
- Boarding Houses, 138
- Boas, Dr. Ernst P., article by, 117-120
- Bortz, Dr. Edward L., statement by, 26; article by, 110-116
- Bott, Edward A., 144, 146, 147
- Bourke, Dr. John J., inside cover
- Bourne Apartments, Newburgh, New York, 33
- Breckenridge, Mrs. Elizabeth, book by, 96
- Buffalo Medical School, Chronic Disease Research Institute, 7, 26
- Burke, Mrs. Philip, 155
- Burr, Dr. Hugh C., 145
- Calcium, in diet, 121, 122
- California, retirement to, 33-34
- Campbell, Miss Millie, 38
- Cancer, clinics, 6; deaths from, 26; knowledge concerning, 112, 114
- Cardiovascular Health Center, 26
- Carlton, Governor Doyle E., statement by, 34
- Chambury, Mrs. Johanna, 145
- Chronic diseases, deaths from, 87
- Chronic Disease Research Institute, 26
- Churchill, Miss Marjorie, 38
- Churchill, Sir Winston, 51
- Climacteric, 48
- Clinical psychology, practice of, 54
- Cold Spring Project, Walt Foundation, 133
- Coleman, Mrs. Marguerite, inside back cover
- Colleges, retirement of faculty by, 108-109
- Committee on Aging, state, principles for establishment and operation, 41
- Community programs, need for and scope of, 88
- Community Service Society of New York, 41
- Concentrations, aged population, 76
- Consolidated Edison Company of New York, retirement and pension policies of, 95-96
- Conway, President J. Edward, inside back cover
- Corlew, Miss Beverly, 38
- Cornell University, survey of older people in urban population by, 56; Department of Rural Sociology in, Institute for Nursing Home Proprietors, 126
- Corsi, Commissioner Edward, inside back cover
- Councils and Chests, New York State Association of, 39
- Counselling, employment, 6, 7, 14
- Crain, Dr. Rufus, 144, 146
- Counselling, retirement, recommendation for, 21
- Craig, Mrs. Archie R., 154
- Crampton, Dr. C. Ward, inside front cover
- Creativity in age, 1
- Crystal, David, 145, 146, 147
- Culture, impact of on aging, 24
- Curtis, Miss Nancy, 38
- Cybernetics, impact of, 20
- Dale, John, 145, 146
- Daly, Mrs. Margaret W., 154
- Day Centers, 36, 137
- Dean, Martha, radio program of, 37
- Dependency, economic and emotional, 50; illness as cause of, 118
- Desmond Committee, see New York State Joint Legislative Committee on Problems of the Aging
- Desmond, Thomas C., inside front cover, introduction by, 1; Senior Citizens Month theme expressed by, 37; invitation to local agencies by, 39; signing of report by, 42; reference to, 51; article by, 85-88; survey of job engineering by, 99; reference to, 111, 144, outside back cover
- Dewey, Governor Thomas E., 24, 37, 142
- Diabetes, prevalence of, 26, effects of, 112
- Diet, elements of, 121

- Dietary habits, 28; problem, 121-123
 Disabled, aid to, 135
 Disease, control of, 119
 Distribution, age, 70
 Division of Housing, New York State, 5, 29-31
 Division of Safety, New York State, 29
 Doing, Miss Ruth, article by, 133-134
 Downgrading, employment, 18, 94
 Dublin, Dr. Louis I., inside front cover
 Duggar, Dr. Benjamin M., article by, 108-109
- Efficiency, employment, table, 93
 Ego, attack on, 47
 Ehlers, John D., Jr., 38
 Eisenhower, President Dwight D., message to Congress by, 27
 Ellis, Mrs. Thelma, 37, 144
 Employment, older worker, 13-21, 87, 39-91, 92-94, 95-98, 151
 Employment Problems of Elderly, Advisory Committee on, inside front cover
 Energy foods, changing needs of, 121
Enriching the Years, 4, 23
 Ernest, Miss Helen, inside front cover
 Erwin, Senator Austin W., inside front cover
 Essay Contest, 37
 Exercises, 133-134
- Facing Facts and Figures*, State Health Department pamphlet, 28
 Family, definition of, 125
 Family life, older persons in, 34
 Family Life Conference, Washington, 82
 Family Structure, older person in, 81-84
 Fatigue, employment, combatting of, 102
 Federal Bureau of Employment Security, report to, 14
 Federal Housing Administration, 30
 Federation Employment Service, 16
 Fisher, Miss Gladys, inside front cover
 Five Town Golden Age Club, Nassau County, 9
 Florida, retirement to, 32-33
Food Guide for Old Folks, U. S. Department of Agriculture, 121
 Food plans, low and moderate cost, 121
 Foster, Richard V., inside back cover
 Frink, Mrs. Mabel L., report on hearing by, 154-155
- Garno, Harold J., inside front cover
 General Advisers, Joint Legislative Committee on Problems of the Aging, inside front cover
 Geriatrics, 7
 Gerontology, development of psychology in, 51; National Advisory Committee in, 52
 Gilbert, Dr. Jeanne G., article by, 47-50
 Godfrey, Arthur, aid in Senior Citizens Month, 37
 Golden Age Clubs, 31, 32
 Gorer, Geoffrey, footnote, 8
 Graham, Miss Ellen J., 38
- Hanlon, Miss Kathleen, 38
 Hanover, Harold C., inside front cover
 Health education, need for, 27
 Health insurance, 27, 86
 Health Insurance Plan of New York, 119
 Health Needs of the Nation, President's Commission, Recommendations of, 120
 Health protection, planning for, 119-120
 Hearings, public, 39
 Heck, Assemblyman Oswald D., inside front cover
 Herzog, Elizabeth, footnote, 8
 Hilleboe, Commissioner Herman E., inside back cover
 Hiscock, Dr. Ira, 148
 Hitt, Professor H. L., reports on migration, 32, 69
- Hobbies, need for, 132
 Hobbs, G. Warfield, article by, 89-91
 Hobby Show, Welfare and Health Council of New York, 37
 Holbrook, Miss Ella May, 154
 Holgerson, Miss Alice, 38
 Hollister, Richard, 38
 Hollywood, stereotypes, 8
 Home accidents, 124
 Home care, 27
 Home-maker Services, need for, 136
 Home Relief, 135
 Home for aged, adult education in, 112
 Home for Aged and Infirm Hebrews of New York, Rorschach test in, 52, 53
 Home-work, 6
 Horton, Senator S. Wentworth, inside front cover, 42
 Housing, 5, 29-31, 33, 124-125, 136
 Howe, Supervisor Gordon A., 144
 H R 7199, 22
 Human engineering, 111
 Hunt, Miss Jean, 38
 Hutterites, 24
- Income, sources of, 117
 Incomes, families, 85, 117, effect on diet and nutrition, 123
 Infirmarys, supervision of, 6
 Ingels, Miss Dianna, 38
 Institute for Nursing Home Proprietors, Cornell University, 126
 Insurance, health and disability, 117-120
 Insurance, unemployment, claims, 13, 18
 Interdepartmental Advisory Committee, 37, inside back cover
 Irish, Donald, 145
 Isotopes, radioactive, use of, 114
 Isolation, social, 57
- Jacobson, Jerome, 145, 147
 Job engineering, 16-18, 99-107
 Job placements, 1952 and 1953, 13
 Job reassignment, 99-107
 Johnson, Miss Carolyn, 38
 Johnson, Assemblyman John E., inside front cover, 42
 Joint Legislative Committee on Problems of the Aging, New York State, inside front cover; findings and recommendations of, 4-42; recommendations on counselling and placement services, 14; Senior Citizens Month sponsorship and publications 36; mentioned in editorial, 40; acknowledgments by 41-42; mention of, 51; sponsorship of State Fair exhibit by, 58; survey of health insurance by, 86; mention of, 141; sponsorship of local public hearings by 144, 154
- Kasius Peter, article by, 142-143
 Keller, Commissioner Harold, inside back cover
 Keller, Miss Joan, 38
 Kenney Apartments, Newburgh, New York, 29, 33
 Keys, Dr. Ansel, research of, 111
 Kilpatrick, Dr. William H., article by, 131-132
 Klier, Mrs. Jonas, illustration, 49
 Klopfer, Walter G., 52
 Klumpp, Dr. Theodore G., inside front cover
 Knight, Governor Goodwin J., statement by, 34
 Koming, Mrs. Morris, 145
 Kreckel, Miss Jane, 145, 146, 147
 Kutash, Dr. Samuel B., article by, 51-55
- Labor force, 140
 Labor market, outlook for, 20
 Lankenau Hospital, Philadelphia, 114
 Landsdale, Commissioner Robert T., inside back cover
 Lansing, Dr. Albert, research of, 112

- Lawton, Dr. George, inside front cover, 52
 Learning ability, employment, table, 93
 Levin, Dr. Morton, inside back cover
 Levine, Harry, inside front cover, 36
 Levine, Lawrence, 145
 Liebertson, Dr. William, 144, 147
 Life expectation, Metropolitan Life Insurance Company data on, 25
 Life span, 24
 Lifquist, Rosalind C., article by, 121-123
 Limited dividend housing, 30
 Living costs, effect on nutrition, 122
 Longevity, Advisory Committee on, inside front cover
 Longevity, aids to, 63
 Loomis, Miss Alice M., inside front cover
 Lorge, Dr. Irving, studies on attitudes by, 8; article by, 59-61
- MacKenzie, Assemblyman William H., inside front cover
 Mack, Connie, 116
 Maeri, Mrs. Elaine W., inside front cover
 Mahoney, Senator Francis J., inside front cover
 Mahoney, Senator Walter J., inside front cover
 Mailler, Assemblyman Lee B., inside front cover
 Marital status, 35
 Maturity, mental and social, 115
 Mayor's Committee on Aging, New York City, 36, 40, 130, 135
 McCauley, Miss Sara M., inside front cover
 McCay, Dr. Clive M., inside front cover, research of, 111
 McClintock, Rev. Richard P., 154
 McCloskey, Mark A., article by, 128-130
 Mecklin, Dr. Bennie, 154
 Medes, Dr. Grace, research of, 112
 Medical Care, cost of, 27; financing of 117-120
 Medical education, changing trends in, 113
 Medicine, and older patient, 110-116
 Mental health, 23, 46, 114-115; Washington Conference on, 52
 Mental hospitals, admission to, 22
 Mental hygiene program, need for, 22
 Meskil, Miss Mildred, inside back cover
 Meyer, Edward J., Memorial Hospital, geriatric clinic at, 27
 Meyer, Garson, 144
 Middletown State Hospital, geriatric building at, 24
 Migration, 31-34, 69-80
Migration Trends Among Older People, footnote, 32
 Mental Hygiene Week, 37
 Milk, as beverage in diet, 122
 Minority group concepts, 56
 Mintz, Assemblyman Hyman E., inside front cover, 42
 Mobility, 31-34
 Monroe, Dr. Robert T., 88
 Montefiore Hospital, home-care, 27
 Moritt, Senator Fred G., inside front cover, 42
 Moses, Grandma, 51
 Mostyn, William, 145, 146
 Mulligan, Miss Marion G., inside front cover
 Multiphasic screening, 7, 27
 Murray, Clyde E., inside front cover
- National Conference on Aging, Report of Section on Income Maintenance, 85
 National Social Welfare Assembly, Committee on Aging, 41, 90, 104
 Needs and Problems of Aging, Survey of, Westchester County, New York, 13
 Neurosis, occurrence of, 114, prevalence of, 115
 Newburgh, New York, adult education in, 12; housing in, 31, study of attitudes toward aging in, 59-61
 New Haven, Connecticut, housing in, 124
 New York City, Mayor's Committee on Aging, 36, 40, 130, 135; adult education in, 128-130; trends in old age assistance in, 135-138
- New York State, population, age composition of, 4; trends in social security in, 139-141
 New York State Advisory Council on Employment and Unemployment Insurance, 18
 New York State Commerce Department, 42 Woman's Program, 6, 19, 37
 New York State Division of Housing, 5, 29-31
 New York State Division of Safety, 29
 New York State Education Department, Bureau of Adult Education, 6, 10, 19; Cooperation in State-wide poster and essay contests, 38
 New York State Employee's Retirement System, 21, 22
 New York State Employment Service, report of, 13; placements in Rochester by, 151
 New York State Health Department, activities of in geriatrics and clinic illness, 7, 26; Loan of illustrations by, 42
 New York State Joint Legislative Committee on Problems of the Aging, inside front cover, findings and recommendations of, 4-42; recommendations on counselling and placement services, 14; Senior Citizens Month sponsorship and publications, 36-38; mentioned in editorial, 40; acknowledgment by, 41-42; mention of, 51; sponsorship of State Fair exhibit by, 58; survey of health insurance by, 86; mention of, 141; sponsorship of local public hearings by, 144, 154
 New York State Medical Society, proposal to review advertising claims, 28
 New York State Social Welfare Department, estimate of OAA case-loads by, 23; work with nursing homes, 126; State-aid formula, 142-143
 Niagara Falls, New York, adult education in, 12
 Nursing homes, supervision of, 6, 28; standards in, 126-127
 Nutrition program, need for, 28, 113, 121-124
- Obesity, 28
 O'Connor, Joseph B., article by, 139-141
 Odell, Charles E., footnote, 16
 Ohio State University, Psychology Department, Studies of older workers, 92
 Old Age Assistance, trends in New York City, 135; cost of in New York State, 142
 Old Age and Survivors Insurance, 22, 28, 135, 139, 143
 Onondaga, New York, adult education in, 12
 Oriskany, New York, adult education in, 12
 Oxford Home, see Women's Relief Corps Home, Palmer, Dr. Leo J., 154
- Parran, Dr. Thomas, appointment of National Advisory Committee on Gerontology by, 52
 Part-time jobs, pensioners, 16; older women, 93
 Pearce, Dr. Charles A., inside back cover
 Pension systems, private, 21, 90
Pensions in the United States, Joint Committee on the Economic Report, 82nd Congress, 21
 Pensioners, part-time jobs for, 16
 Personality, impact of aging on, 45; patterns of old age, 51-55; problems, emotional, 114-115
 Phillips, Elizabeth, 145, 147, 148
 Philosophy of Aging, 63-65
 Physical rehabilitation, 7
 Placement services, 6, 7, 14
 Plan for the Aging, Blue-print of, 5-7
 Pope, Col. Allan P., inside front cover
 Population, aging of, 4-5
 Poster contest, 23, 37, 38
 Poughkeepsie, New York, public hearing in, 144
 Prados-Fried study, Rorschach test, 53
 Pre-employment individuals, 20
 Prejudices, 8, 56-58
 President's Commission on Health Needs of the Nation, recommendations of, 120
 Pressey, Dr. Sidney L., article by, 92-94
 Private enterprise, and older workers, 89-91

- Projective techniques, types of, 54
 Protein, in diet, 121
 Psychiatry, responsibilities of, 24
 Psychodynamics, 112, 115
 Psychological age, 44
 Psychological maturity, 115
 Psychology, clinical, practice of, 54
 Psychosis, senile, 7
 Public hearings, local, 39

 Randall, Miss Ollie A., inside front cover, 41, 126; article by, 81-84
 Recreation, 5, 36, 129-130
 Recreation, Advisory Committee on, inside front cover
 Reed, Congressman Daniel A., social security coverage bill by, 140
 Rehabilitation, vocational, 6, physical, 7, 27
 Reimann, Dr. Stanley P., work of, 114
 Research, chronic deteriorations, 111
 Retirement, 20, 21, 22, 49; selective, arguments against, 96; and scientific progress, 108-109; shock resulting from, 112; education for, 131-132
 Reynolds, Charles E., 154
 Rheumatic diseases, prevalence of, 26; means of treatment, 112
 Riegelman, Mrs. Charles A., inside front cover
 Robarge, Francis H., 154, 155
 Roberts, Miss Joanna, 38
Rochester Democrat and Chronicle, editorial on public hearing in, 40
 Rochester, New York, public hearing in, 39, 40, Appendix A, 144-155, Industrial management Council survey in, 99-100, 105
 Rochester Management, Inc., 30
 Rogers, Dr. Charles, 145, 146
 Roosevelt, Mrs. Eleanor, aid in Senior Citizens Month, 37
 Rorschach Test, 52-55
 Rudin, Eli, 145, 146
 Rural-urban migration, 74
 Ruskowski, John A., inside front cover, 42
 Russell, Lord Bertram, Philosophy of Aging by, 63-65

St. Petersburg Times, statement by, 34
 Sargent, Dwight S., article by, 95-98
 Scheidler, William M., inside front cover
 Schools, admissions, 128
 Scientific progress, and retirement, 108
 Schluneger, Frances Eleonore, poem by, 68
 Self-employment, 19-20
 Senile psychosis, research on, 7
 Senior Citizens Month, 36-38, 151
 Shaw, George Bernard, 63
 Sheltered workshops, 6
 Shock, Dr. Nathan W., research of, 112
 Sickness, relation to age, 98
 Slichter, Dr. Sumner H., 95
 Slowness, employment, table, 93
 Smith, Professor T. Lynn, article by, 69-80
 Smith, Willard, 145, 146
 Social isolation, 57
 Social Security, 22, effect of, 81-82; trends in, New York State, 139-141
 Social Security Bulletins, 143
 Social Welfare Department, New York State, estimated OAA case-loads by, 23; work with nursing homes, 126; state-aid formula, 142-143
 Society for Projective Techniques and Rorschach Institute, Inc., 51, 55
 Spellman, Francis Cardinal, aid in Senior Citizens Month, 37
 State Committee on Aging, principles for establishment and operation, 41

 Steadiness, employment, table, 93
 Steele, Ted, aid in Senior Citizens Month, 37
 Stereotypes, 8, 37, 57, 59
 Stichman, Commissioner Herman T., 30, inside back cover
 Stieglitz, Dr. Edward J., inside front cover
 Stockli, Switzerland, 66
 Stresses, affecting older people, 47-50, 113
 Strickland, Mrs. Pauline T., inside front cover
 Surveys, in New York City and Westchester County, 40
 Switzerland, old age in, 66-68
 Syracuse, New York, Adult education in, 12; Council on Aging, co-sponsorship of State Fair Exhibit by, 58

 Taiezt, Dr. Philip, article by, 126-127
 Talmas, David, footnote, 36
 Teachers Insurance and Annuity Association, 21
 Tensions, easing of, 133
 Tift, Assemblyman Harry J., inside front cover, 42
Today's Health, inside front cover, 42; article reprinted from, 85-88
 Toscanini, Auturo, 116
 Transfers, in industrial employment, 18
 Tuberculosis, disability from, 118
 Tuckman, Dr. Jacob, studies on attitudes by, 8; article by, 59-61
 Tumor Clinics, 6

 Unemployment insurance claims, 13, 8
 Unemployment Insurance Law, 18
 United States Labor Department, 16
 Universities, retirement of faculty by, 108-109

 Van de Carr, Miss Katherine, 144, 146, 147
 Van Kleeck, Dr. Edwin R., inside back cover
 Van Lare, Senator Frank E., inside front cover, 42, 144
 Veterans relief, 135
 Vegetables, in diet, 122
 Vischer, Dr. A. L., reference to report by, 7; philosophy of aging, 66-68
 Vitamin C, in diet, 122
 Vocational rehabilitation, 6, 26
 Voluntary insurance, health, 117

 Walker, Mrs. Irving, 146
 Walters, Dr. Guy, 145
 Warnock, Dr. Harold, 144, 146, 147
 Watertown, New York, public hearing in, 39, 144, 154-155
 Weidkam, Mrs. Edna, inside front cover
 Weinhouse, Dr. Sidney, research of, 112
 Welfare and Health Council of New York, Hobby Show, 37
 Westchester County, New York, Survey in needs and problems of aging, 13, 28, 40
What's Your Problem? 36
 White Plains, New York, adult education in, 12
 Wilde, Oscar, quoted, 62
 Wilson, Harry J., 154, 155
 Wilson, Commissioner Lewis A., inside back cover
 Winslow, Dr. C-E. A., article by, 124-125
 Wolz, P. C., inside front cover
 Woman's Program, New York State Commerce Department, 6, 19, 37
 Women's Relief Corps Home, as demonstration center, 6
 Workshops, sheltered, 6
 Woywood, Miss Joan, 38
 Wright, Frank Lloyd, statement by, 62
 Wright, Frank X., 38

 Yaeger, George A., inside front cover
 York, Commissioner Orrcl A., 154

 Zausmer, Garson, inside back cover
 Zborowski, Mark, footnote, 8

MASTER BOOK CARD

**UNIVERSITY OF
FLORIDA LIBRARIES**

PLEASE KEEP CARD IN
THIS POCKET AT ALL TIMES.

IT SHOULD BE REMOVED ONLY
WHEN THE BOOK IS BEING
CHARGED OUT TO A BORROWER





3 1262 03448 3023

INTERDEPARTMENTAL ADVISORY COMMITTEE*

COMMISSIONER HERMAN E. HILLEBOE
State Health Department

DR. JOHN J. BOURKE
*State Hospital Survey and
Planning Commission*

COMMISSIONER HERMAN T. STICHMAN
State Division of Housing

COMMISSIONER EDWARD CORSI
State Labor Department

COMMISSIONER NEWTON BIGELOW
State Department of Mental Hygiene

COMMISSIONER LEWIS A. WILSON
State Education Department

COMMISSIONER HAROLD KELLER
State Department of Commerce

COMMISSIONER ROBERT T. LANSDALE**
State Social Welfare Department

PRESIDENT J. EDWARD CONWAY***
State Civil Service Commission

* Representing the various Departmental Heads from time to time have been Assistant Commissioner Morton Levin, State Health Department; Assistant Commissioner Richard V. Foster, State Mental Hygiene Department; Assistant Commissioner Edwin R. Van Kleeck, State Education Department; Mrs. Marguerite Coleman and Dr. Charles Pearce, State Labor Department; Mr. Garson Zausmer, State Civil Service Department; and Miss Mildred Meskil, State Commerce Department.

** Now Director of the Commission on Fiscal Affairs of State Government.

*** Now a member of the State Commission Against Discrimination.

Additional copies of this report are available free of charge by writing to State Senator Thomas C. Desmond, Chairman, New York State Joint Legislative Committee on Problems of the Aging, 94 Broadway, Newburgh, N. Y.